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ABSTRACT

This guide for administrators, based on the best practices found in 25 states, proposes a prototype system within which a more humane and sensitive delivery of services at the agency level can be efficiently achieved for children and their families. System goals for assisting clients are described, and the objectives which must be met to achieve those goals are listed. Characteristics of the system are described in terms of inputs to the system (e.g., clients and personnel), system functions (community outreach, reception, emergency service provision, diagnosis), standards the system must satisfy, feedback required by the system, and the system's results in terms of service to clients, agency outcomes, and information outputs. The prototype also specifies requirements for effective operation; these are grouped into four categories: resource management (e.g., staffing), general management (e.g., office administration), self assessment and planning, and information processing (with emphasis on case records). The final section briefly discusses implementing the system. Diagrams are included to illustrate system structure, operations and relations with outside agencies and the community. (BH)

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SYSTEM OF SOCIAL SERVICES FOR CHILDREN AND THEIR FAMILIES

An Overview

ED165907

PS 010381

U. S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
OFFICE OF HUMAN DEVELOPMENT SERVICES
Administration for Children, Youth and Families
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FOREWORD

Over the past three years, the National Center for Child Advocacy of the U.S. Children's Bureau has concentrated its efforts on assisting public and private agencies to improve the delivery of social services to children and their families. These efforts have followed two related tracks: first, the development of model legislation, curricula, standards, and other methodologies to improve traditionally recognized services, such as foster care, adoption, residential care; and, second, the development of innovative methods to improve client services which transcend traditional child welfare services. In the latter instance, we have emphasized preventive services, comprehensive emergency services, permanency for children, agency self-assessment, and system design.

A System of Social Services for Children and Their Families is based on "best practices" found in the twenty-five states studied, and on professional consensus. The system provides a framework within which major client related functions, activities, and requirements for more humane and sensitive delivery of services can be achieved by more orderly, reliable, timely, and effective service to children, youth, and their families. Resource requirements, support functions, information flows, system requirements, variations for urban and rural settings, organizational considerations, and implementation are also included.

The system is presented in two documents: An Overview intended for the high level administrator or decision-maker; and, a Detailed Design for those who intend to systematically review their present system to effect needed improvements. A related document, Local Child Welfare Services: SELF-ASSESSMENT MANUAL, is also available from the U.S. Children's Bureau.

Each of these documents was prepared under contract from the National Center for Child Advocacy of the Children's Bureau. The Overview was prepared by Applied Management Systems, Inc., based on work done earlier by Peat, Marwick, Mitchell and Company (PMM), in association with the Child Welfare League of America (CWLA). The Detailed Design was developed by PMM in association with the CWLA. The Self-Assessment Manual was developed by The Urban Institute.

This work could not have been possible without the cooperation of many state and local agency representatives. In addition to recognizing the twenty-five states which participated in helping us to understand the present system, reported in Child Welfare in 25 States - An Overview, we wish to express special appreciation to the states of Illinois, Massachusetts, Oklahoma, and Wisconsin. These states participated beyond the survey phase providing more in-depth information about practice, and valuable assistance in the design effort.

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1. INTRODUCTION

Like many of our domestic programs, social services to children and their families have been institutionalized in the process of expanding to care for the needs of an ever-growing number of both urban and rural families. Funds, facilities and staff resources have grown to meet those needs resulting in a montage of services and organizations with the common aim of delivering social services, exclusive of day care for working mothers, appropriate to the needs of some 1.8 million children and their families. Supportive services to children and their families in their own homes are being provided to over a million families while another 700,000 children are being served outside their homes--in foster family care, institutions, group homes, or in the homes of relatives.[1]

Changes in the kinds of services requested and the source of the requests, affect the entire child welfare services delivery function and bring forth the need for improved skills and techniques, expanded knowledge, new methods, enhanced resources, and amended legislation to reflect changing needs for services.

Faced with both changing needs and increased magnitude, State and local administrators have often had to improvise, sometimes to restructure some aspects of their service delivery and sometimes forced to make do with inefficient methods. Pressured by client needs, statutory requirements of funded programs, and recent changes, few administrators have been able to give time or resources to the study of either client related or managerial anomolies which impede the effective delivery of social services.

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1 Shyne, Ann W. and Schroeder, Anita G. National Study of Social Services to Children and Their Families: Overview, U.S. Children's Bureau, Washington, D.C., March, 1978, p. 1.

representing about 70% of the Nation's children, revealed that child welfare as a discrete and identifiable service delivery system or professional program no longer exists at most State levels. Minimally trained personnel are being hired and rarely provided with appropriate in-service training or staff development. Social service staff usually carry generalized caseloads and may be expected to serve the aged, the handicapped, and other adults eligible for a variety of service programs, in addition to providing protective, supportive and substitute care services to children and their families. This lack of experience or suitable training, the variety of cases, and increasing caseloads have resulted in a deterioration of services to children and their families.

A major service delivery issue affecting children and their families which was identified in the survey as well as in a number of other studies,[3] concerns the child placement orientation which has evolved in the field. Too often, children have been removed from their own homes, placed in foster care, and allowed to remain there indefinitely without sufficient attention to recreating a warm, permanent home situation for the child. Services are said to be unavailable to prevent the initial separation of the child from his family to assist in rehabilitation of the family, or for after care when children are reunited with their families. Even when it is clear that a child can never return home, alternative permanent living arrangements are not made for the child.

And, while considerable attention has been drawn to the conditions of children in foster care, even less is known about the delivery of services to the remaining children in the care of public social service agencies.

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2 Child Welfare in 25 States - An Overview, U.S. Children's Bureau, Washington, D.C., 1976, DHEW Publication No. (OHD) 76-30090.

3 Allen, M.L. and Knitzer, J. Children Without Homes, The Children's Defense Fund, Washington, D.C., April, 1977.

"More Can Be Learned and Done About the Well-Being of Children," Report to the Congress by the Comptroller General of the United States, General Accounting Office, April 9, 1976, pp. 17, 23.

Fanshel, D. and Shinn, E.B. Children in Foster Care: A Longitudinal Investigation, Columbia University Press, N.Y., 1978.

Vasaly, Shirley M. Foster Care in Five States: A Synthesis and Analysis of Studies From Arizona, California, Iowa, Massachusetts, and Vermont, U.S. Children's Bureau, Washington, D.C., 1976, DHEW Publication No. (OHD) 76-30097.

Not unexpectedly, the twenty-five State survey and other studies noted significant unevenness among the States in their development and delivery of services to children and their families. While some exemplary techniques were identified, no one State was found to have an outstanding total delivery system.

This unevenness of development is significant because of the interdependence of the many components of service delivery. For example--the diagnostic assessment process was found to be generally weak in the twenty-five States. Yet, proper diagnosis is essential to the development of a suitable service plan--service plans are not documented in at least 30% of cases nationally[4] although there is general agreement that services should be planned with progress against stated goals assessed periodically.

Finding the weaknesses in present operations is a productive exercise only if it is followed with a synthesis offering new and improved techniques to replace those which are known to be ineffective. This design concept, and the succeeding phase of a more detailed design, offer State and local administrators an opportunity to examine their own service delivery practices more closely, and to build a planned, integrated delivery system.

Responsibility for children without adequate parental care, those subject to neglect or abuse, those with physical or emotional handicaps, and those abandoned or otherwise deprived of family life has been historically shared by voluntary agencies and local and State governments. The Federal government assumed a major role as a result of the Social Security Act of 1935. The posture of Federal participants has been one of support - funds, technical assistance, training, guidelines and standards. Yet, the primary responsibility for delivery of client services remains with State and local administrators. Hence, there can be no single, centrally managed, social service system. Creative programs to meet specific human needs are still essential, adapted to urban, rural and regional population characteristics. Despite their differences, localities serving children and their families directly have much in common. Recognizing these two-fold requirements, the National Center for Child Advocacy (NCCA) of the U.S. Children's Bureau (CB) has sponsored this project leading to a system design flexible enough to be implemented in widely differing circumstances.

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4 Shyne, Ann W. and Schroeder, Anita G. National Study of Social Services to Children and Their Families: Overview, U.S. Children's Bureau, Washington, D.C., March, 1978, p.1.

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2. SYSTEM OBJECTIVES AND DESIGN REQUIREMENTS

This is a design for a system of social services to children and their families to be applied at the on-line service delivery level. This overview of the design identifies and places into perspective the various components, processes and activities which are essential for the satisfactory delivery of services. The presentation is not intended to be exhaustive. A companion document, A System of Social Services for Children and Their Families: Detailed Design,[1] provides greater specificity for those who wish to utilize this approach in their current service delivery operations.

This system is predicated on the need to deliver social services more humanely, and the belief that this can best be expressed by the delivery of more orderly, reliable, timely, and competent services to those troubled children and their families who seek the support and assistance of the agency, voluntarily or involuntarily. The goals for a particular family or its members must be uniquely developed with that family. Nevertheless, a set of underlying principles stated as *client goals* apply to this entire system.

CLIENT GOALS

- To assist families to achieve and maintain safe, stable, nurturing home environments to enhance child growth and development;
- To reduce the need for separation of children from their families;
- To rehabilitate and reunite families as soon as possible after separation;
- To effect alternative permanent nurturing care arrangements for children when they cannot be reunited with their families;
- To assist youth to achieve independent living arrangements when this is the best solution.

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[1] System of Social Services For Children and Their Families: Detailed Design, prepared by Peat, Marwick, Mitchell and Company, Washington, D.C., in association with The Child Welfare League of America, New York, New York, 1977.

CLIENT SERVICES

To achieve these goals, the agency should be responsive to the many and varied needs of the children and their families. An array of services must be available from the agency or the community. These include:

Services for the Child

- Adoption Services
- Day care services
- Day treatment
- Foster Family care
- Group home services
- Health services
- Institutional services
- Mental health services (nonplacement)
- Protective services for children
- Residential treatment

Services for the Family

- Counseling
- Family Planning
- Health services
- Homemaker and other in-home services
- Mental health services (nonplacement)
- Services to unmarried parents

Ancillary Services

- Educational services (remedial and special)
- Employment services
- Financial assistance
- Legal services
- Special court studies
- Transportation

SYSTEM OBJECTIVES

The following *process objectives* for the delivery system derive from the client goals to be achieved and the array of services to be provided:

Delivery of Social Services

- Simplify the service delivery process by using methods and procedures that will provide a systematic approach for agency workers to carry out service delivery activities.
- Get the people in contact with the system, expedite the movement of people within the system to the services delivery points, and provide means of access to services at various entry points in the system.
- Keep track of the clients within the system once initial contact is made and maintain records on clients throughout the duration of service delivery.
- Provide for emergency entrance into the system, bypassing normal entry, when emergency services are required, provide a framework for delivery of emergency services, and support emergency service delivery programs.
- Develop and standardize tested methods and techniques for diagnosis and case planning, including methods for information recording, case review, and follow-up techniques for case plans.
- Facilitate the early departure from the system when client goals are achieved.

Personnel

- Establish procedures that will allow agency personnel to adjust quickly to meet client needs and to provide services to the clients on a timely basis.
- Provide the basis for people to work within the system, to train to meet system require-

ments and to understand the system, and address the personnel qualifications and training needs of the agency.

Administrative Support and Control

- Establish methods for quality and quantity assurance of services delivered to clients and develop the controls to monitor services available, referrals, services requested, diagnosis, services delivered, and services used.

- Assure accurate identification of available services and stress stringent methods for control and record maintenance of this information for service delivery contractors.

- Establish standards to be employed at the local level to assure implementation and maintenance of the methods and procedures set forth for client access into the system, and standardize work methods used within the agency in conjunction with the services delivery process.

- Develop the general administrative support services required to carry out a successful services delivery system. For example, the recruitment of qualified foster families is not a direct provision of services, but is a necessary support service in the delivery of foster care services.

- Develop the reporting segments of the system to provide operating and management information and address the requirement for feedback mechanisms to develop data for system improvements, enhancements to the service delivery process, and adjustments to the delivery system.

DESIGN REQUIREMENTS

The design stresses methods, procedures, and the development of resources that will support the above client goals and system objectives. These design requirements include the development of an organized outreach program, improved methods for

diagnosis and service plan development, techniques for third party review and action procedures, and a planned and coordinated emergency services program that will provide 24-hour access to agency services. Adoption of professional standards, particularly American Public Welfare Association[2] standards for foster family services and Child Welfare League of America[3] standards for child welfare services are encouraged. In addition, an effective and mandatory training program for staff personnel, improvement of case control methods and standardization of information contained in the basic case service plan are included in the design.

The design supports development of methods to assure accountability of services provided to improve case management. Standard approaches to service delivery in both rural and urban settings, clear lines of communication between management and caseworkers, and overall improvements in the management of the delivery of services are stressed.

The support system components of the prototype design provide methods that will bring about improved reporting among local, State and Federal organizations; between agencies and contracted service providers; and between child welfare units and other social service groups. The design fully supports an information processing subsystem to meet the requirements of agency personnel for information on available services, case histories, and client status.

The information derived from the support systems and new methods to maintain case histories will enhance the planning function at local, State, and Federal levels and will provide information that can be used to make ongoing improvements to the system.

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2 Standards For Foster Family Services Systems With Guidelines For Implementation Specifically Related To Public Agencies, developed by American Public Welfare Association for the National Center for Child Advocacy, U.S. Children's Bureau, Washington, D.C., 1975.

3 Child Welfare League of America Standards (Eight Volumes), Child Welfare League of America, Inc., 67 Irving Place, New York, New York, 1973.

Availability of Services

- Develop a structured outreach program that can be used in the rural agency or in an urban setting which emphasizes existing programs and services.

- Organize the access/entry activities performed by service personnel and define standards of performance.

- Establish mechanisms for the immediate identification of available services and the location of the services.

- Maintain an up-to-date directory of agencies, programs, services, and eligibility requirements for use during the entry and referral processes.

- Develop procedures to be used by agency personnel when directing clients to service locations. Supplement procedures with methods for recording client identification, action dates, and actions taken.

- Provide agency personnel with sufficient access to services, and service providers to meet the needs of children and families to be served.

- Provide rapid access of agency personnel to case plan information and case histories.

- Develop, in all agenicies, standards of operation which will assist clients to enter the system and to have access to various services.

Emergency Services

- Establish a separate set of system methods and support procedures to define emergency services activities. These procedures should allow personnel to bypass normal operations and to expedite services to the client.

- Design flexibility into the system to allow for changes in the delivery services provided as a result of change in problems and needs of clients. Create an emergency services structure that can easily absorb new services, new methods and procedures, and/or discontinuation of existing services.

- Identify emergency services available and methods for getting the client to these services. Take into account services available, special staffing requirements, legal aspects, source of referrals.

Diagnosis and Service Plan Development

- Develop procedures for interagency service agreements.

- Develop procedures for case planning and informational content for use in agencies, regardless of size, location, personnel skills, and other variations.

- Develop standard formats and data elements for use in the case plan information system.

- Establish methods for using the information developed in the case plans to support program management and planning functions.

Services Provision and Assessment

- Develop procedures to obtain and maintain the services required to service clients. Identify each kind of activity performed by service personnel and draw up procedures describing the activities.

- Describe methods to be used to achieve and maintain high performance standards.

- Develop service support systems to be used in conjunction with the service activity.

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- Identify standards to be used in each agency regardless of size, location, and client population.

- Design training programs and materials to assure effective service delivery.

- Create procedures that will allow personnel to operate within the framework of anticipated costs.

- Establish methods and procedures for the optimum use of information during the services delivery activities.

- Structure the procedures so that client delays will not occur.

Review and Action

- Develop review, action, and reporting activities to self-correct and upgrade the system.

- Identify each of the Client Services Operations functions and establish methods and procedures to assure that each of the activities is satisfactorily executed.

- Establish procedures for use of the information by personnel including records available and their contents. Provide workers with methods to check the results of their work as well as to track the client and the service provided for the client.

- Simplify and standardize the record keeping requirements for services delivery. Provide the workers with simple methods to document activities (actions), activity dates, and reasons for actions.

System Controls

- Develop a quality assurance method to monitor and review services prescribed and delivered, changes in plans, alternate services delivered, delivery dates from entry, actions, and case outcomes. Develop procedures for application within the agency. Determine check points and develop procedures to assess and monitor agency performance.

Information Processing (in addition to information requirements subsumed above)

- Determine information required to improve system methods, services, delivery of services, skills of employees, processes used in maintaining the system, and development of new programs.

- Determine the data elements required from each activity to provide operating and management reporting information.

- Design and develop the methods to be used in the system to capture, retain, and produce summary and reporting information.

- Develop methods for use of the information maintained within the system and produced by system methods in the planning, control, and budget activities.

- Develop methods for transfer of client records to other agencies. Develop safeguards to protect the confidentiality of the information and the privacy of the client.

3. PROTOTYPE SYSTEM

The purpose of this system is to identify and place into perspective the various components, processes, and activities which must be present for the satisfactory delivery of direct services to children and their families.

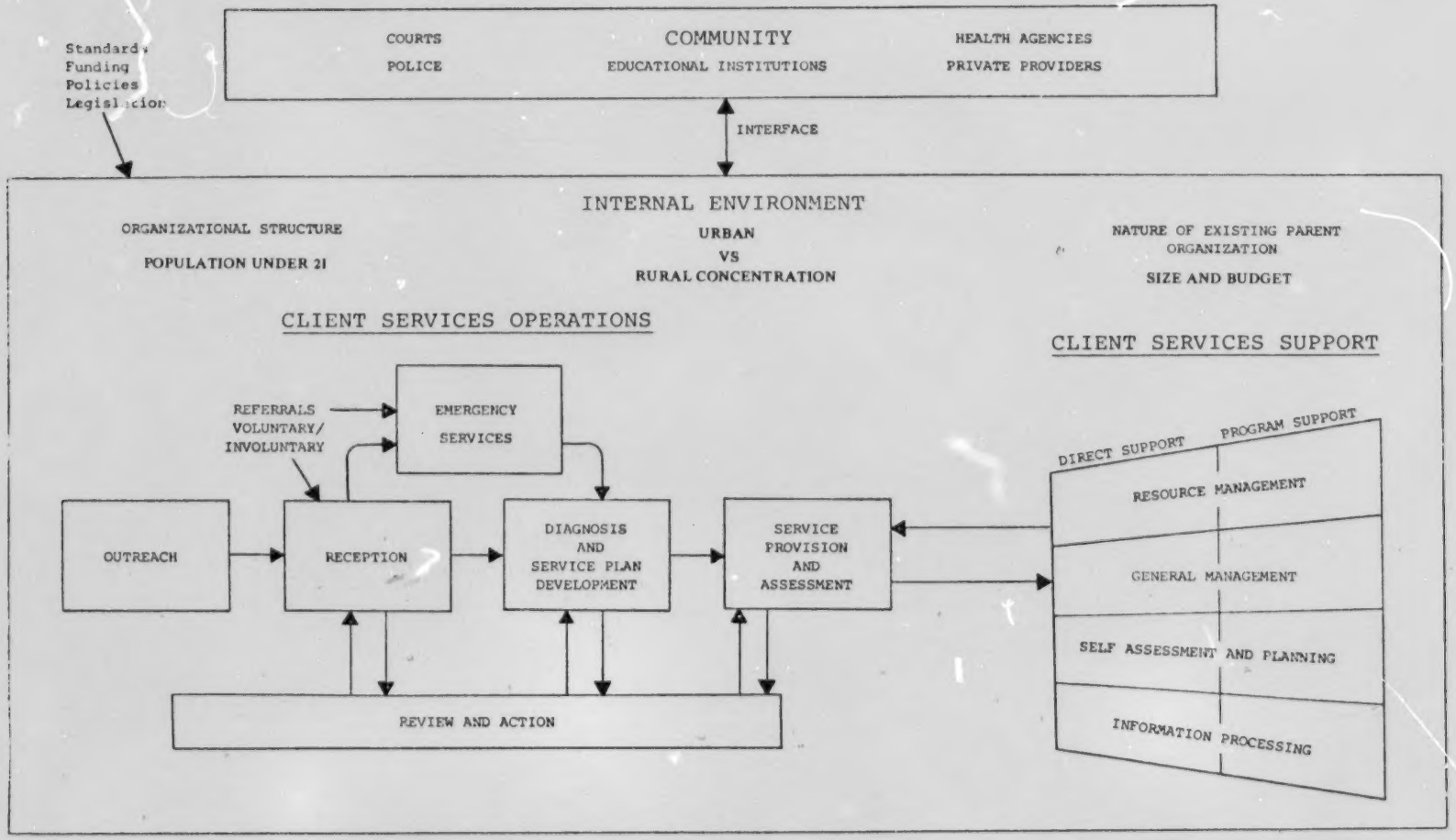
Typically direct services are provided or arranged for within the jurisdiction of a local agency. The local agency is, of course, part of a larger system which provides certain supports, such as resources, consultation, etc., and which also places certain constraints on the local office in the form of policy, standards, procedures, legislation, and the like. Whether an agency is locally administered or State administered, the processes necessary for good service delivery will be the same; however, the supports and the constraints may vary. In either case, there will, of course, be certain procedural variations necessary for predominantly urban or rural settings. This system is designed to include those components and activities occurring within a local jurisdiction where clients are served directly. Variations are discussed for urban and rural settings.

The system depicted in Figure 3-1 is divided into two principal parts: Client Service Operations and Client Service Supports. The Community with which the system interfaces includes the courts, police, educational institutions, health agencies, and private providers. The internal Environment within which the system operates is influenced by the State and local organizational structure, population size under 21, urban versus rural concentration, the nature of the existing parent organization, and the size and budget of the child welfare system.

A. CLIENT SERVICE OPERATIONS: Overview

The client service operation is designed to:

- encourage entry into the system
- receive clients
- identify their needs
- develop a plan for delivery of services to meet clients' needs



LOCAL AGENCY SOCIAL SERVICES SYSTEM

FIGURE 3-1

- provide or obtain the services required for the clients
- assess and monitor clients' progress
- readjust the service plan as necessary until the needs of clients are finally met

(Clients include the child and his family, natural or substitute).

To achieve these purposes certain essential components of the system are described: inputs, functions, standards, feedback and results.

System inputs include all of the ingredients necessary to operate and work within the system to meet clients' needs, such as, information about the clients and their needs, agency policy, services and other resources available to meet clients' needs, how and where to obtain additional services, professional knowledge and skill, etc.

System functions include the basic processes necessary to serve clients satisfactorily, i.e., outreach, reception, emergency services, diagnosis, service plan development, service provision and assessment, review and action, etc.

System standards establish the desired level of performance of the system as well as the desired level of supports needed for the system to perform satisfactorily. In developing standards for human service delivery both qualitative and quantitative concerns must be included. Ideally, standards should be based on empirical data. However, where human services are concerned empirical studies are not always feasible or desirable, and standards may be based on professional judgment and consensus. Standards may be expressed as minima below which performance is impaired, or as goals to which the system aspires.

System feedback is used to signal difficulties that may be occurring in the system so that corrective actions may be taken. Client results, client satisfaction, changes in demand, or other information feedback, are measured against pre-established ranges and

standards so that exceptions can be identified and examined to determine the need for corrective action.

System results are the accomplishments of the system. The results visible to clients will include improvements in the numbers of clients receiving services and the quality and quantity of services provided. Other results visible to the local agency will include improved staff development, increased community support, and improved management techniques and programs.

The client pathway through the system is illustrated in Figure 3-2.

CLIENT SERVICE OPERATIONS: System Inputs

There are two sets of "inputs" that drive the system: those which enable the agency to provide services, and those which determine the services to be delivered.

Legislation, policy, resources, and other supports enable and limit the extent to which services can be provided. The number of clients to be served and the needs to be met govern the extent to which the available services can be offered to an individual or group of clients. Under ideal conditions, there needs to be internal consistency within the sets so that stated policy does not exceed legislative authority or resources available, as well as consistency between the sets so that the services that need to be delivered can be delivered.

To provide services, an agency must have:

- Authorizing legislation
- Stated goals and policies
- Resources (funds, personnel and staff development services, facilities)
- Management support
- Operational procedures
- Community support and resources.

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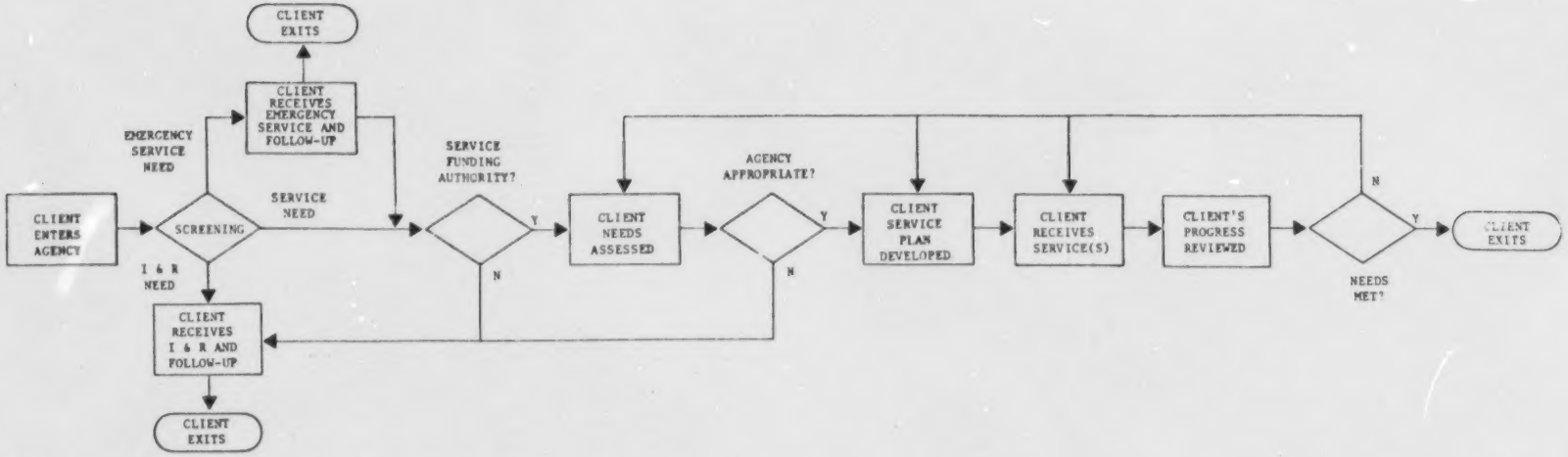

MODEL OF CLIENT PATHWAY

FIGURE 3-2

The services to be delivered are determined by:

- Program objectives
- Client population
- Client needs
- Client satisfaction/dissatisfaction
- Personnel Skills
- Community, professional and other outside demands.

Figure 3-3: System Inputs illustrates the flow of information into the system for processing.

CLIENT SERVICE OPERATIONS: System Functions

Children and their families may come to the attention of an agency in several different ways, and they may proceed through the service delivery system along various paths depending on their individual needs and service plans. However, the set of processes necessary to accommodate their many and diverse needs may be grouped into six functional or applications areas:

- Community Outreach
- Reception
- Emergency Service Provision
- Diagnosis and Service Plan Development
- Service Provision and Assessment
- Review and Action

(1) Community Outreach

The principal *purpose* of community outreach is to attract children and families who should be served by the social service system. To fulfill this purpose, community outreach seeks to:

- strengthen the capabilities of the community to identify, assist, and refer children and their families for services
- increase public awareness of the services available and self-referrals

SYSTEM INPUTS

FIGURE 3-3

- increase availability of services
- improve the accessibility and acceptability of the services
- promote early intervention to avert further deterioration
- make full use of community resources including other delivery systems, such as, health, mental health, courts, education.

In carrying out community outreach *activities*, agencies may use several techniques to attract persons in need of services, to encourage potential clients, to promote referrals, and to support active public relations programs in the community. These activities will vary according to geographic area, population characteristics, special programs supported by the community and social service agencies, among other idiosyncracies of the community. The outreach worker will work with persons from a variety of social and economic backgrounds and will require such skills as knowledge of target-group culture, attitudes, language; understanding of agency social services; ability to determine client needs. The outreach worker must understand and be able to make full use of programs and services supported by the community and promote and support services that are needed but do not receive wide acceptance in the community.

Outreach personnel are in a unique position to obtain information about children and families who are possible clients either for primary or secondary prevention, to assist them in reaching the needed services, to gain knowledge of community attitudes concerning available services and programs and to promote community support for child welfare services.

When carried out in accordance with procedures, standards and controls, the outreach process should produce the following desired results:

- awareness among families in need
- increased numbers of clients in the system
- enhancements of service delivery techniques
- community understanding and acceptance of agency services
- continuous improvements to agency methods.

In urban settings, population density, high incidences of a wide range of child-related problems, and the competition for available resources are major variables which affect community outreach programs. A comprehensive needs-assessment methodology[1] is required to identify different target groups and their characteristics, the types and severity of their needs, as well as service gaps. In rural areas, characterized by wide dispersion of sparse population, major variables in the outreach program are accessibility of clients to services, scarce resources, and field coverage by the outreach staff.

Figure 3-4: Community Outreach illustrates functions performed by outreach.

(2) Reception

The *purpose* of reception is to channel clients to emergency services, diagnosis and service plan development, to refer them to another agency, or to simply provide information.

Clients may present themselves to reception voluntarily or involuntarily. Voluntary referrals include:

- self-referrals
- referrals by a community outreach worker
- referrals by another unit of the parent agency
- referral by a community agency other than law enforcement
- referral by a neighbor, friend, or relative

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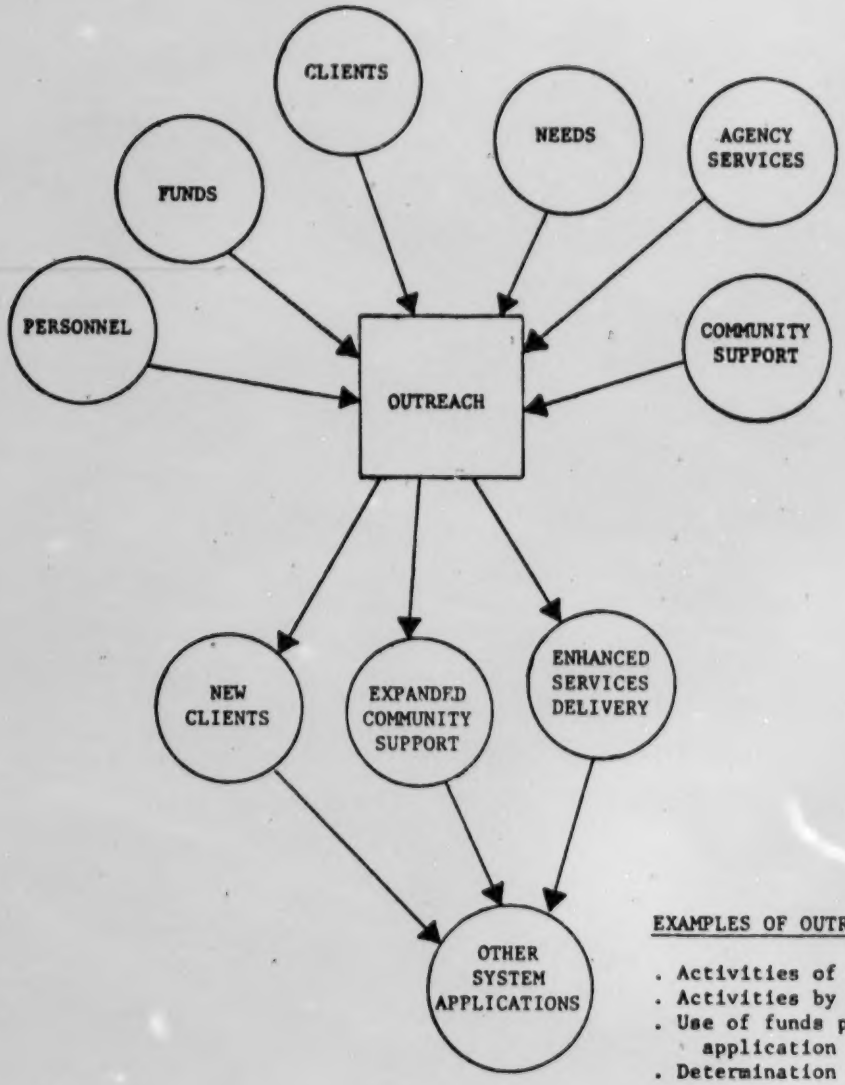
1 Goldmeier, Harold, Learning About Community Needs (series includes Census Data Analysis, Needs Received By Agency, Survey of Treatment Patterns, Household Survey) and A Needs Assessment Report: Where Are The Children? Massachusetts Committee For Children and Youth, Boston, Massachusetts.



EXAMPLES OF OUTREACH APPLICATIONS

- Activities of outreach personnel
- Activities by community groups
- Use of funds provided for application
- Determination of emphasis, target-areas
- Activities to increase community support
- Activities to obtain referrals from other agencies; courts; community

COMMUNITY OUTREACH

FIGURE 3-4

Involuntary referrals may result from:

- a court action
- a third party complaint of suspected abuse or neglect

A screening interview is conducted to document the nature and severity of the presenting problem. The screening interview may result in:

- Transfer to the emergency coordinator: the family has time-critical needs.
- Registration: the family or child need services which can be provided by the social service agency.
- Information and referral: the family's needs are more appropriate to another service delivery system (health, education, legal, etc.); the worker provides information about other agencies and their services, completes a referral form, assists in arranging an appointment for the client, and helps to assure that the client obtains the needed service.
- Information only: the family has a straightforward request, such as, a list of licensed day care homes.

When a client is referred specifically to the agency by a court, the screening interview is waived and registration proceeds immediately.

Registration is the formal process by which a client enters the system. It is at this point that a client record is established, or re-activated in case the client was served previously by the agency. Typically, registration is done in a reception unit. However, when time-critical family needs result in a transfer to the emergency coordinator, the registration is accomplished by the emergency coordinator, the registration is accomplished by the emergency coordinator or caseworker, in the home, at an outpost, in court or elsewhere.

The *requirements* for an effective reception process include:

- written procedures describing the reception process
- a staff trained to perform reception activities
- bilingual staff where another language is common in the community
- private spaces for interviewing clients

- comprehensive community resource directories
- easy access to, and response from, the emergency service coordinator
- easy access to prior client records
- interagency agreements with specific procedures for referral to and from other agencies, including follow-up reporting agreements.

In urban areas, high client volume may warrant organization of a specialized unit whose primary responsibility is to carry out the reception activities. Consideration should also be given to outposting workers in strategic high-volume settings, such as courts, housing projects, hospitals, and schools.

In rural areas, where a specialized unit is not warranted, a single caseworker may perform most functions of the client service operations including registration.

In sparsely populated areas, outposted workers, part-time offices, or mobile units can make reception and other client service operations functions more accessible to rural children and families. An alternative to outposting is to locate reception and other client service operations functions in a multi-service center at a district or regional site where other scarce community resources are also located. Generally, this type of rural organization requires a well-organized auxiliary service--transportation--to make a district center accessible to rural people. Whether reception is located in a specialized organizational unit, in a high-density outposted area, in a mobile unit, or in a multi-service center, the reception and registration requirements and processes remain the same.

Figure 3-5, Reception Activity and Decision Flow, illustrates actions to be taken during the reception process. Examples of questions that may arise and resulting activities are shown. Figure 3-6, Reception Activity and Documents, presents documents, files, and records that are used during the reception process to support the activities of the workers. Illustrated are client roster files, community resource directories, case records, face sheets, screening schedules, pending reports, interagency forms, referral follow-up forms, and release forms. The reports and forms are outputs of the information system which may or may not be automated. Formats, source, utilization, and other characteristics of the information system need to be developed to reflect individual agency requirements when procedures are established.

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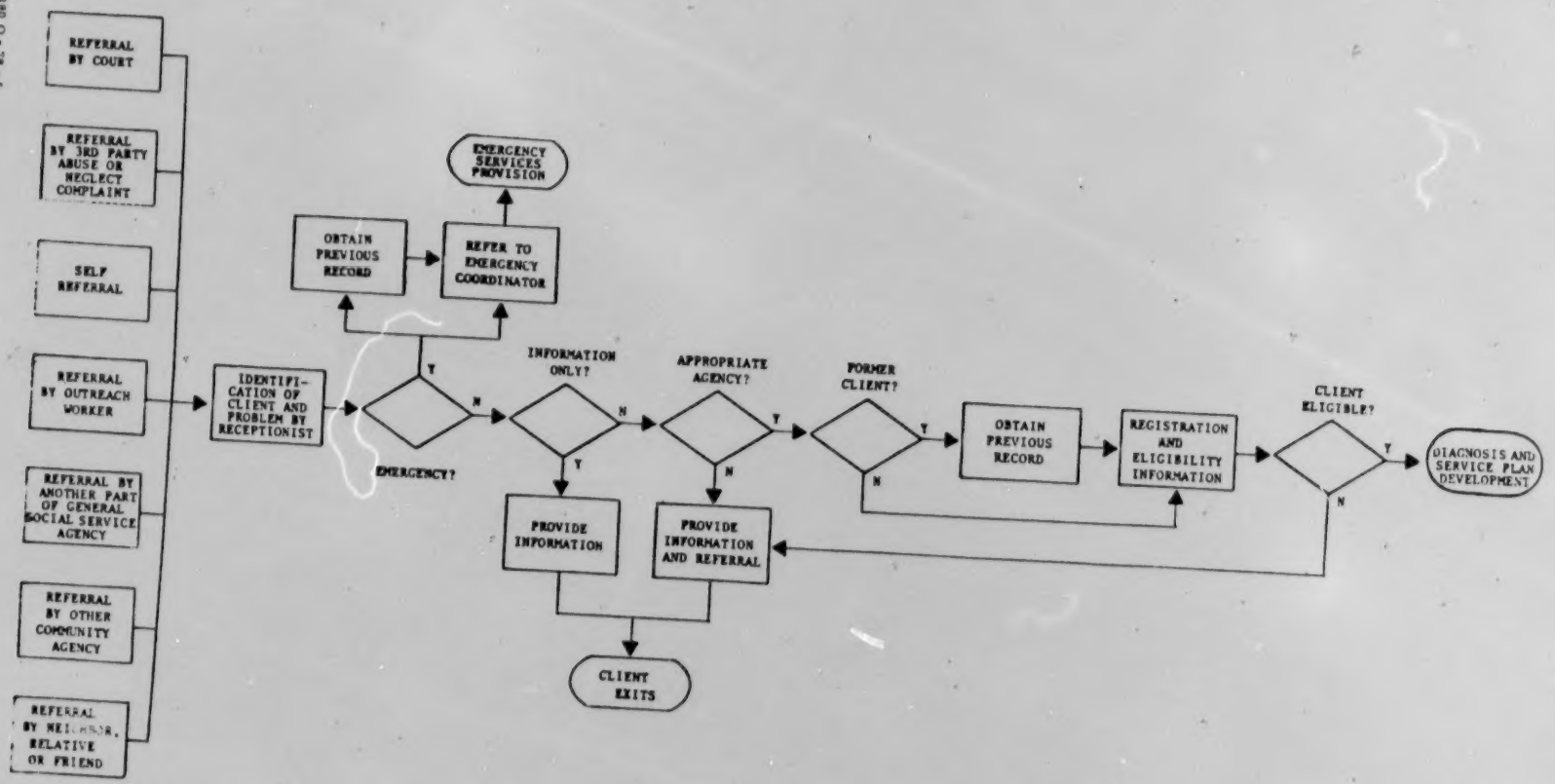

RECEPTION ACTIVITY AND DECISION FLOW

FIGURE 3-5

ACTIVITY \ DOCUMENT	CLIENT ROSTER FILE	COMMUNITY RESOURCE DIRECTORY	CASE RECORD	FACE SHEET	SCREENING SCHEDULE/APPOINTMENTS	PENDING REPORT/TICKLER FILE	INTERAGENCY REFERRAL FORM	REFERRAL FOLLOW-UP FORM	RELEASE OF INFORMATION FORM	EXCEPTION REPORT/INVALID DATA	CLIENT STATUS REPORT/ISS
1. REFERRAL BY COURT	I		I	I	I		U		I		
2. REFERRAL BY 3RD PARTY, ABUSE OR NEGLECT COMPLAINT	I		I	I	I			I	I		
3. SELF REFERRAL	I		I	I	I				I		
4. REFERRAL BY OUTREACH WORKER	I		I	I	I		U		I		
5. REFERRAL BY ANOTHER PART OF GENERAL SOCIAL SERVICE AGENCY	I		M	I	I		U		U		
6. REFERRAL BY OTHER COMMUNITY AGENCY	I		I	I	I		U		I		
7. REFERRAL BY NEIGHBOR, RELATIVE OR FRIEND	I		I	I	I				I		
8. IDENTIFICATION OF CLIENT AND PROBLEM BY RECEPTIONIST	U			U	U						
9. REFER TO EMERGENCY COORDINATOR		U	M	M		I		I			
10. PROVIDE INFORMATION		U									
11. PROVIDE INFORMATION AND REFERRAL		U	M			I		I	I		U
12. OBTAIN PREVIOUS RECORD			M								
13. REGISTRATION AND ELIGIBILITY INFORMATION			U	M						I	

CODES

I - Initiate
M - Modify/Update
U - Utilize

RECEPTION ACTIVITY AND DOCUMENTS

FIGURE 3-6

(3) Emergency Service Provision

The *purpose* of emergency services is to expeditiously meet the needs of children and families in crisis. Emergency services are short-term, protective in nature, and designed to reduce the trauma associated with a crisis. Children and their families are served in their own homes. When this is not possible, they may be removed to a least restrictive setting to be returned to the home environment as soon as possible. Following the crisis and the immediate need for services, these children and their families are integrated with minimum disruption into the regular system for continuing social services.

Families with children requiring emergency services may come to the social service agency voluntarily or involuntarily, during or after office hours and may or may not be cases already actively receiving other social services. The on-duty emergency coordinator becomes the central contact for all emergencies. This contact may be made face-to-face or by toll-free 24 hour telephone hot-line. All children and their families having a suspected emergency must receive attention.

Problems likely to require immediate attention include:

- Children alone, lacking proper supervision; child left in department store or public place alone; child wandering streets alone
- Mother ill, needs to go to hospital; needs someone to care for children
- Child suspected of being abused or neglected
- Parents being taken to jail
- Child seriously ill, needs help getting emergency treatment; no responsible person available
- Older youth, in conflict with parents and requesting temporary placement; includes runaways.

Emergencies which arise during office hours involving active clients are handled by the client's previously assigned caseworker, who utilizes the support of the emergency coordination unit as well as emergency resources and procedures.

During the emergency, the registration and screening information is limited to that required for the on-duty staff or caseworker to decide:

- whether an emergency exists
- whether field investigation/response is indicated
- the most appropriate type(s) of field response (field person, current or former caseworker, police ambulance, rescue squad, etc.)
- how quickly field response should be initiated.

These determinations are to be documented.

Most situations identified as child-related emergencies require investigation at the scene (e.g., a child's home, hospital, or police station) and on-the-spot service selection and provision. On-call field staff or the client's regular caseworker have responsibility to:

- interview the child/family and/or referral source
- determine with them (as they are able and cooperative) the nature and extent of the problem and the best course of action
- confirm diagnosis, service selection and specific service availability
- arrange for and assist with the initiation of subsidized emergency services
- provide 24-hour emergency services, by trained social service personnel, directed toward protecting the child in his home or by making suitable placements when indicated
- provide outreach and follow-up to these families to insure a continuum of service in an orderly way.

After service provision has begun and the immediate crisis resolved, the caseworker reports the disposition of the case to the emergency coordinator unit where information is recorded and then sent to the service information unit for retention. The caseworker will determine whether the child or family requires further diagnostic work. Thus, cases of child-related emergencies are merged with the regular functions of the client services operations.

The *requirements* for effective emergency services include:

- Twenty-four hour emergency intake--telephone answering service at night, on weekends and holidays to screen calls and respond to emergencies.
- Emergency Caretakers--people carefully selected and trained to go into homes for short periods of time, to provide responsible adult care and supervision for children or families in crisis.
- Emergency Homemakers--persons available for twenty-four hour assignments in the home to maintain children or assist families in their homes in a supportive manner until the parent is able to resume their care or until the case is otherwise resolved. Emergency homemakers can be used successfully when there is:
  - .. a parent absent from the home due to emergency situations
  - .. suspected child abuse and the parent is obviously immature and insecure in the parenting role
  - .. failure to thrive and the parents need assistance and encouragement in the feeding and nurturing of a child
  - .. gross neglect, posing an immediate threat to the children's safety.
- Emergency Shelter for Families--temporary shelter for the entire family to avoid separating the children from their parents.
- Emergency Shelter for Adolescents--a group home or institutional type program to meet the special needs of older children by providing shelter for a specified period (2 to 3 weeks) while an alternative plan is established.
- Emergency Foster Family Homes--homes specially prepared to provide temporary supportive care for children to minimize adverse emotional shock caused by the crisis and parental separation.
- Outreach and Follow-up--immediate and continuing casework assistance to children and families in crisis with continued follow-up and supervision

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beyond the crisis to help families cope with their immediate problems, and to find long-term solutions.

- Hot Lines and Crisis Nurseries--to provide temporary relief to parents potentially abusive in times of stress.
- Referral to Parents Anonymous and other treatment agencies--which also provide internal hot lines for potentially abusive parents.

These services may be provided directly by the agency, may be purchased, or may be obtained through inter-agency agreements. Emergency inter-agency and community agreements should be obtained to assure the availability of:

- emergency financial assistance
- emergency food and clothing
- emergency transportation such as ambulances
- emergency medical care (hospital emergency rooms, poison centers, etc.)
- emergency psychiatric care.

Emergency services should be delivered by designated agency personnel who have received specialized comprehensive emergency services training.[2] All case workers who serve on-call to provide 24-hour coverage need to be specially trained, but case workers in the agency should be familiar with emergency procedures and services.

The major variations between urban and rural delivery settings are: the emergency coordination functions, resources available for emergency use, and types of personnel assigned to provide field coverage. In both settings, the emergency coordination function is usually based on the volume of emergency referrals.

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[2] Comprehensive Emergency Services Training Guide, and Community Guide (separate volumes), prepared by the National Center For Comprehensive Emergency Services To Children, for the National Center For Child Advocacy, U. S. Children's Bureau, Nashville, Tennessee, Second Edition, 1977.

In urban areas, there will be coordination at the local agency level. States with small, widely dispersed populations may coordinate emergency services at the State level or among designated local jurisdictions.

There can also be major variation in urban and rural settings in the type of personnel assigned to receive referrals and provide field coverage to investigate referrals and assist in the service provision. In urban areas where a protective services unit exists, protective service workers trained in emergency procedures rotate these responsibilities. In urban areas without protective service units, reception workers or case workers may be rotated to provide around-the-clock coverage. Distances and coverage by a limited number of professionals in rural areas restrict professional field services. Interagency agreements with the local law enforcement agent (e.g., sheriff's office) are used to supplement agency resources.

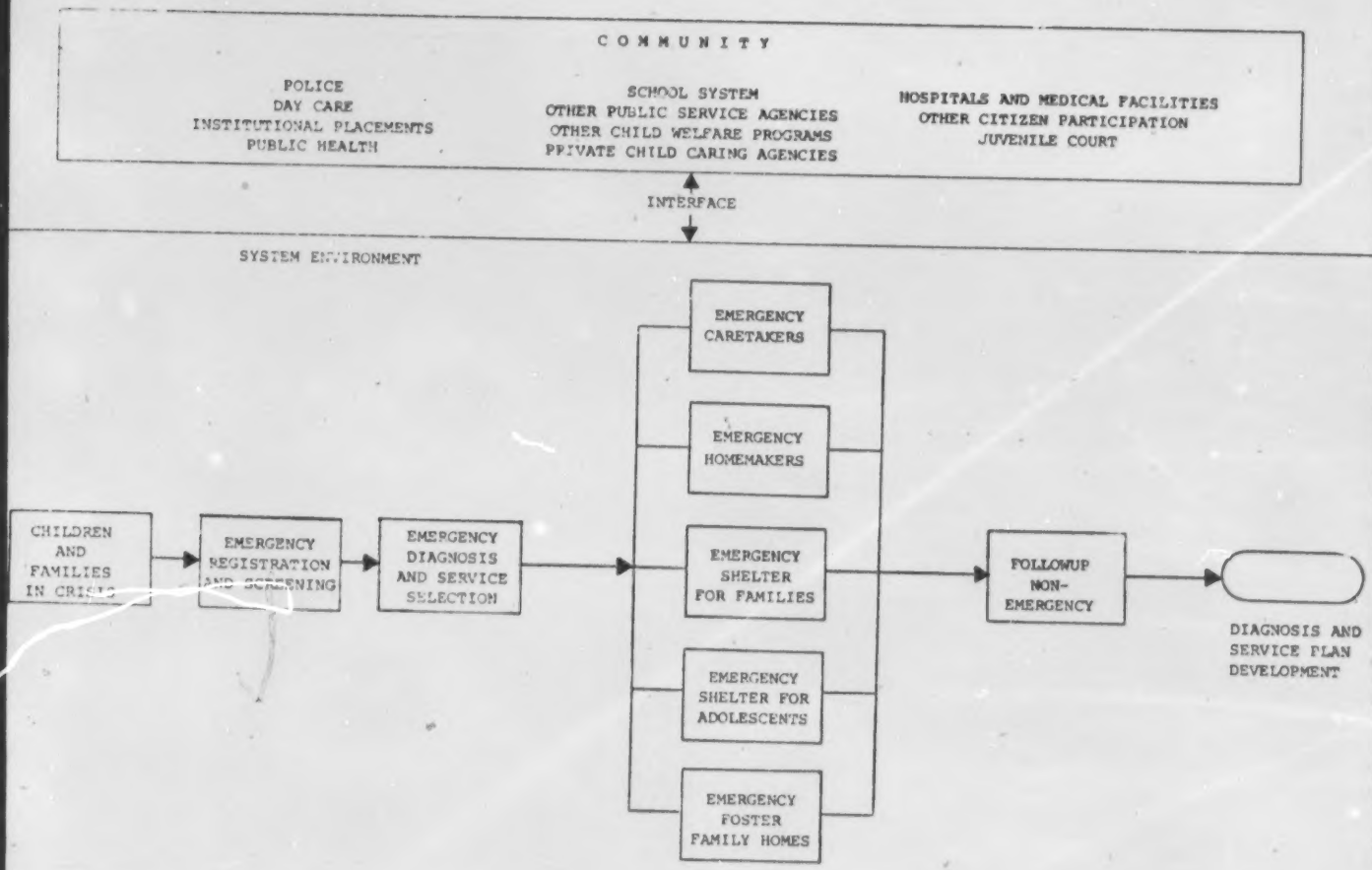
The emergency coordination unit has responsibility for deciding how case follow-through is best accomplished and makes arrangements for it. The unit transfers case responsibility to the regular service delivery stream as soon as it is feasible (during office hours), and can be managed as part of the regular workload. The diagnosis and service plan development function then proceeds normally to complete the diagnosis and develop a service plan. Figure 3-7 Emergency Service Provision illustrates the components of an emergency services program.

(4) Diagnosis and Service Plan Development

The agency's responsiveness to the problems or needs of the child, youth and family, affects their current functioning and future capacity to cope. It also obligates the community to invest its resources to achieve constructive results in an efficient manner. This linkage between the client and community resources is based upon a diagnostic assessment of the family situation and the formulation of a case service plan.

The *purposes* of the diagnostic assessment and service plan development are to identify the problem in its total context and to indicate clearly what the community and family will do to achieve certain goals within specified time periods.

Diagnostic assessment or case-evaluation is the systematic acquisition and analysis of information leading to an understand-



EMERGENCY SERVICE PROVISION

FIGURE 3-7

ing and definition of the problems and needs of the family and child. The presenting problems are described in social, health, and psychological terms and, depending on the theoretical orientation of the agency, causal or etiological factors may be examined. The case service plan provides the rationale and justification for the investment of public funds in delivering services to those familes unable to cope with the exigencies of daily living. The plan is a written statement formulated mutually by the agency and client in which the goals, services, outcomes and the expected duration of time, agency investment and client participation are specified. It is the gateway to services based on the information obtained for the diagnostic assessment and the resources available through the agency or community.

The comprehensiveness and substance of the diagnostic assessment and the case service plan is dependent upon the objectives, resources, and sanctions of the agency. These are derived from the legal, professional, and societal expectations and constraints on the agency. State and Federal laws relating to dependency, protective care, status offenders, adoption, etc. define the operational boundaries and resources available. The public and professional sanctions determine the content and processes.

Most social services are delivered by caseworkers with varying amounts of training and experience. Social work has contributed to and has been shaped by many different psychosocial theories. The current state of knowledge is such that little can be said about the relative effectiveness of the different theoretical approaches to the array of problems of children and their families. However, the theoretical framework of the agency determines the content of the diagnostic assessment and the case service plan.

The quality of the diagnostic assessment and the case service plan is an outcome of the skills of the casework staff, supervisors, and consultants. The decisions involved here are critical to both the client and the agency and require that the highest level of skill be used both in the best interests of the child and the family, as well as in the obligation of community resources.

The staff involved in the fomulation of the service plan is faced with the dual task of 1) dealing with the client's

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needs as determined by the diagnostic assessment, and 2) assessing the array of services available directly to the agency, through referral, or by purchase-of-service agreement. Studies have clearly indicated that decisions concerning the case service plan are influenced by the worker's awareness of available services.

The diagnostic assessment and the case service plan may change over time as further information is acquired and progress is made as a result of the provision of services. This information feedback about the client or subsequent significant changes in the client's environment is necessary to correct or modify initial decisions to adjust or alter the course of treatment.

After the child and family have been registered at Reception they are assigned to a caseworker who is responsible for the diagnostic assessment and the case service plan. The worker implements a systematic series of sequential *activities:*

- Psychosocial Study, also referred to as the social investigation, is a fact-finding process involving interviews with the child, parents, other significant family members, relatives, and friends; interviews with informed community members such as teachers, school counselors, health, law enforcement, and other social agency staff; psychological testing; psychiatric interviews, visits, and observations in the home; and the review of past case record and current referral material. The scope of the study depends upon the nature of the problem and the consequences for those involved. A thorough study is essential for the following situations:

  .. protective care

  .. abandonment

  .. parent unable to cope

  .. freeing the child for permanent placement

  .. placement other than emergency care

  .. single mother

  .. adoption

- Diagnosis, assessment, or case-evaluation is the process of collecting and organizing all the information necessary to the development of inferences concerning the client's needs, motivation and capacity. This complex task requires great skill and experience and, with the more difficult cases, the supervisor and professional consultants may be called upon for consultation. In some instances, such as protective care, a multi-disciplinary team is advisable.

- Service Plan is a written statement developed jointly with the client which specifies the following:

  .. The primary needs of the client for which services are to be provided. (Primary and secondary diagnosis.)

  .. The goals to be achieved. (Desired client(s) functional level.)

  .. The services and the number of service units to be provided to achieve the goals.

  .. Expectations of what the client and the agency will do.

  .. Specification of sequence and time limits for implementation, review, and termination of services.

  .. Criteria for closing the case.

  .. Plans, if indicated, for aftercare.

  .. Expected total length of time for service and aftercare.

Though the pathway defined by the above sequential activities is generic to all theoretical orientations for the delivery of social services to children and their families, the specific details may vary within each activity. This variability begins with the case-evaluation in determining the information to be acquired during the social study. For this, the agency needs to develop guidelines describing the specific content and processes for acquiring the information. Too much information is costly, time-consuming, and burdensome, while too little information may affect the inferences made during the diagnostic assessment and impair the case service plan.

Information requirements and their analysis depend on:

- the practice orientation of the agency
- the definition of a case
- the services available to the clients
- the level of staff skills
- data accessibility.

The practice orientation of the agency is whether it is problem or goal oriented, habilitative or rehabilitative, therapeutic or educative, psychological or social, individual or group, short-term or long-term, direct service or purchased services, theory-based or empirical, and professional or administrative.

Defining a case should be done carefully. It may be an individual such as a child, youth or parent; it may be a combination of individuals such as a child and parents; or it may be the entire family. The use of the expression "social services for children and their families" instead of the term "child welfare services" emphasizes the involvement of the family. The current emphasis on the family reaffirms the traditional child welfare practice of involving the family in critical decisions and providing them services to enhance their ability to care for their children. The family members may receive services as individuals or as a group. Generally, it is the child and mother who receive services though there is an increasing use of family therapy in which all members of the family are involved. Recent legal decisions focus greater attention on the father, particularly when issues concerning permanency for the child are addressed. Information collected about individual family members does not provide a complete picture of the family. Family structure and function may be determined, but information pertaining to family dynamics requires special techniques in interviewing and observation.

Public social service agencies have varying capacities to provide directly the array of services needed. The services provided by the agency, through purchase-of-care agreements, or through referral to other agencies governs the information to be collected.

Social work is based on judgment conditioned by values. Objective data are scarce and the caseworker uses judgment in

deciding what information to collect and assess in deciding what to do, how to do it, doing it, and in assessing the results. The worker must be aware of the constant influence of different value systems on the behavior and beliefs of all involved in the social service system. Data are not value-free; nor are the questions asked of the client. The nature of the question raised and the understanding of the responses is a function of the skill of the worker. Consequently, for the critical assessments and decisions that are made during the intake process it becomes essential that skilled workers be employed at this stage.

It is important to be aware that in the process of obtaining information, the worker and client are interacting and the latter's role expectation of the agency's responsiveness to his/her needs is evolving. Conversely, the worker's expectation of the client's role to provide information may conflict with the client's expectation of help, thus limit the information provided or result in a refusal of the client to return to the agency.

Much of the data sought by the worker are historical events recorded only in the memory of the client. Even current information can be distorted in a crisis situation or in an effort to manipulate the agency. At-home observations complement and validate the information obtained from in-agency interviews. Whenever children are involved, a home visit is a necessity for valid understanding of the child's environment. Data from other agencies can be obtained with the consent of the parents, but the extent and quality of the data will vary. Additional data usually evolve as the client receives and responds to services. The worker and client establish a meaningful relationship during this process which is characterized by a freer flow of information than during the intake process. This feedback may result in revisions of the diagnostic assessment and the case service plan.

Activities in the diagnosis and service plan development process include:

- Information Gathering: A qualified social worker as the caseworker interviews persons having knowledge of the family and its situation--the family members and/or primary caregivers, referring agent, relatives, neighbors, workers in other delivery systems, to obtain sufficient information for diagnosis.

- Diagnostic Consultation and Support: Throughout the process, the caseworker consults with a supervisor. Diagnostic specialists such as physicians, psychiatrists, and psychologists may be called upon to interview, test, and observe the child or family and their situation as needed. For complex situations, such as protective care, a multi-disciplinary team may be utilized.

- Determination of Nature and Severity of the Problem: The caseworker identifies the nature and severity of the major and related problems of each member of the family. In addition, the caseworker analyzes the family dynamics including structure, function, interactional and socialization patterns. Symptoms and other presenting problems must be differentiated from more basic or causative problems. Diagnostic specialists may be required to assist in differential diagnosis.

- Determination of Client's present Functional Level: The caseworker and family jointly determine the family's present capabilities. This involves examination of the personal, material, familial, and social resources available to the family and the need for varying types and degrees of assistance. This includes both the motivation and capacity of the family and its members to utilize services.

- Determination of Desired Functional Level: This judgment involves the development of a realistic prognosis and attainable goals for a family or any of its members. Diagnostic consultation may be needed. The family participates in this activity.

- Consideration of Service Options: The caseworker considers the types of services which may be suitable alternatives in assisting a family or its members in attaining their goal or capabilities. The worker refers to the service resource inventory for detailed listings of service resources available within the system as well as more general information about services offered at other community agencies. The family is involved in the decision making process relative to the service options.

- Selection of Services and Service Objectives: From among the resource options available, the worker and diagnostic specialists, after discussions with the family, select the most suitable services for the child and/or family and determine what each service is to accomplish for them.

- Service Planning: In service planning, the worker estimates the number of units needed of each service; the time-limits of each service or dates that a service will begin and end; and dates at which case must be assessed, both interim assessments as well as the final assessment.

- Service Plan Documentation: The worker documents in a service plan all of the above, including:

  .. primary and secondary diagnoses (problems),

  .. present functional level,

  .. desired functional level (client goal),

  .. services and time-limited service objectives,

  .. number of service units required,

  .. dates on which service will begin and end,

  .. dates on which assessments are due, and

  .. criteria for closing the case and aftercare.

- Service Agreement: A written service agreement is recommended in which both the family and the agency specify the objectives, nature of services, expectation of performance, and time frame. Children and youth are also parties to the service agreement if they are old enough and otherwise capable of participating. This is the transitional step between diagnosis and service plan development, and service provision.[3]

The diagnostic assessment describes the principal and secondary problems of the family and children; it also includes an assessment of the functioning level and the dynamic interaction among the family members. To determine the desired functioning level the worker consults with the involved clients, and a mutually agreed set of goals is established. The goals should be specific and feasible and stated in behavioral or social terms.

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3 Wiltse, Kermit et.al. "Foster Care, 1973: A Reappraisal." Reprinted from Public Welfare, Winter 1974, Vol. 32, No. 1 and ff., by the U.S. Children's Bureau, Washington, D.C.

The selection of services is based upon the goals, and the general rule is to utilize the least traumatic service initially. Thus, working with the family without removal of the child is given first consideration which may entail use of one or more family support services: counseling, homemaker, day care, day treatment, housekeeper, individual or group therapy, housing relocation, income supplementation, educational services, health services, or legal services.

In certain circumstances, it may be necessary to remove the child to foster care for a short-term period. This condition may occur when the mother is hospitalized, a crisis interferes with the family's ability to care for the child, or in some protective care cases. For some children it will be necessary to make long-term and permanent plans for the child to develop new family attachments or to live independently. Such decision may entail severing the parent/child relationship, adoption, long-term foster family care, or an independent living arrangement. Such "permanency planning" is so serious in its consequences for all involved that a group decision is necessary including the caseworker, supervisor, and consultants.[3]

Generally, the decision to place children in permanent substitute care should not be made during the initial diagnosis and service plan development except where children already have been released for adoption, or the family dysfunction is extreme and clearly permanent: instead, temporary foster care should be utilized in an effort to rehabilitate and reunite the family. In practice, the caseworker will work with the family and child preparing both for placement. This phase, sometimes referred to as the pre-placement phase, enables the worker to assess the ability of the family to deal with its problems while the child remains at home. This experience may result in a change in the service plan in which supplementary services are used instead of substitute services. Such "testing-out" of problematic family situations may lead to more cost-effective services and avoid the mutual trauma of placement.

The task of achieving permanence for the child in a warm, nurturing home requires the talents of many people. If the

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[4] A Handbook for Social Workers: PERMANENT PLANNING FOR CHILDREN IN FOSTER CARE prepared for the U. S. Children's Bureau by Regional Research Institute for Human Services, Portland State University, Portland, Oregon, 1977.

parents need rehabilitation or other help to make a home for their child, they may need services from mental health workers, job counselors, physicians, psychiatrists, psychologists, homemakers, alcohol or drug rehabilitation clinics, and many others. If legal action is necessary, juvenile court counselors, lawyers (for each of the parties), district attorneys, and judges will be involved. Foster parents, step-parents, absent spouses, relatives, the biological father, as well as the child's legal parents, may be participants in arranging a permanent home for a child.

The caseworker has the central and indispensable role of coordinating the activities of these people and service agencies. Without the interest and expertise of a knowledgeable caseworker, a child in foster care will simply continue to drift. If permanency planning is to begin when the child first enters foster care, it is nearly always the caseworker who will set the plan in motion. The responsibility is just as great if the child has been in foster care for a long while with no plans made for his future. Periodic case review should result in a diagnostic reassessment and an articulated service plan with permanency as the key goal.

After determining a service strategy, the caseworker selects appropriate services for the child and family. The caseworker again uses the supervisor and specialized consultants, as needed, in selecting services. A range of service resources must be available within the system as well as in the community which permits the caseworker, in conjunction with his/her supervisor and specialists, when indicated, to select a mix of services that collectively ensure the progress of a case toward the client-related outcomes. In addition to the nature of services required, the worker also has responsibility for estimating the amount of services, duration of services, and the service units necessary to achieve the desired goals.

The case service plan includes the specific objectives for the services to be provided, the number of service units, the beginning and closing dates. The service plan also indicates the time for periodic case review and makes clear the criteria for closing the case or rendering aftercare services. The periodic assessments may result in modifications of the case service plan, and whenever this has significant consequences for the client or agency, supervisory approval is necessary.

For court related families, findings of the court--to grant or deny a petition--constitute the court's approval or rejection of a service plan. In adjudicated cases, the formal cooperative agreement between the court and the social service agency, which specifies joint case decision making, a sound diagnostic and service planning process and documentation, and careful preparation for the hearing, all contribute to the likelihood that a court will grant the petition and thereby agree with the service plan. When the court is involved, the finding or order of the court constitutes the final authority over the service plan. In most cases in which the court denies a petition or orders a change in the proposed service plan, the caseworker modifies the plan accordingly. An alternative to modifying the service plan to accommodate the order of the court is to appeal the case.

The diagnostic assessment and case service plan formulation involve the most critical decisions the agency makes in its entire encounter with clients. No other decision has such immediate and long-term impact on children and families; nor does any other decision have such impact upon the expenditure of public funds. This function is an important indicator of the quality of care provided by the agency.

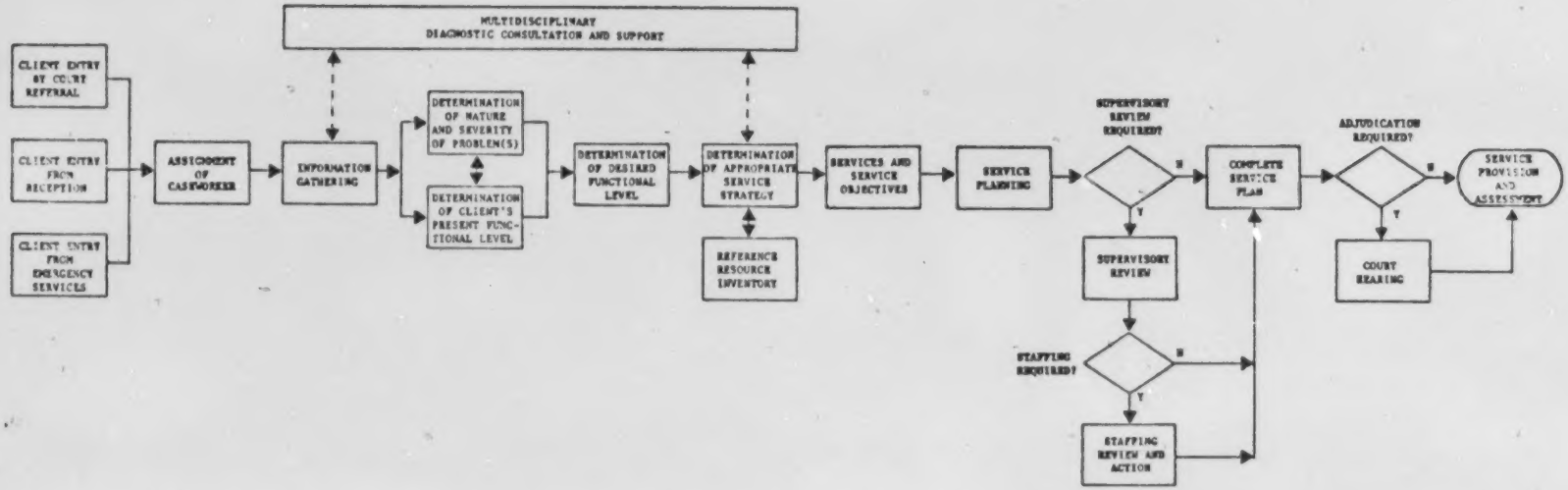
The following *requirements* must be met to achieve a high level of quality diagnosis, service plan development, and service provision:

- trained and experienced staff, supervisors and consultants
- staff responsive to the cultural, ethnic, and bilingual needs of the clients
- multidisciplinary team
- case service plans based upon a diagnostic assessment and utilization of agency and community services
- involvement of the client in critical decisions, goal-setting, services determination, and outcomes assessment
- utilization of a primary caseworker with the child and family throughout the process to provide continuity and present a humane concern and approach

- expeditious completion of the case service plan within 90 days of initial application or referral
- flexibility to meet the differential needs of urban and rural systems through the provision of diagnostic and case service plan support to the generalist worker in rural areas and specialization in the urban settings
- interagency agreements that facilitate the early involvement of the social service system in cases requiring adjudication
- interagency agreements for the provision of services with information feedback
- information system that facilitates the storage, updating, retrieval and protection of diagnostic and service plan data
- feedback loops to revise the diagnostic assessment and modify the case service plan
- informed consent from the clients to obtain material from other agencies and individuals.

The entire process involves many people whose activities are coordinated by the caseworker who has ultimate responsibility for the service plan. Such a situation contributes to the potential for delay coupled with many demands upon the family and child to keep appointments and provide information while for them every encounter leads to an expectation of concrete help with their problem. It therefore becomes critical to complete the process as quickly as possible and to deal humanely with the anxieties, concerns, frustrations, and anger of the clients. For the client, this experience is a preview of what to expect from the agency and a foretaste of how to utilize and work with it. For this reason, the professional field is concerned about the large number of cases which do not return after the initial interview. This is an indicator of a serious problem within this function.

The charts on the following pages present an overview of the Diagnosis and Service Plan processes. Figure 3-8, Diagnosis and Service Plan Development Activity and Decision Flow, shows activities of the caseworker, consultants, and administrators during diagnosis and service plan development. Sample decision points are illustrated and processes resulting from a decision are shown. Figure 3-9, Diagnosis and Service Plan Development Activity and Documents, illustrates information resulting from



DIAGNOSIS AND SERVICE PLAN DEVELOPMENT ACTIVITY AND DECISION FLOW

FIGURE 3-8

ACTIVITY \ DOCUMENT	CASE RECORD	NEW CASE LISTING	WORKLOAD MANAGEMENT REPORT	FAMILY DIAGNOSTIC PROFILE	SPECIAL DIAGNOSTIC REPORT	SYSTEM SERVICE RESOURCE INVENTORY	SERVICE PROVIDER FILES	COMMUNITY RESOURCE DIRECTORY	REQUEST FOR RESOURCE FORM	SERVICE PLAN/STATUS REPORT	INVESTIGATIVE SUMMARY	STATUTORY CHART RECORDING	CS011 PETITION	SERVICE RESOURCE VOUCHER	INTERAGENCY REFERRAL FORM
1. CLIENT ENTRY BY COURT REFERRAL	U	U	M	I	I	U	U	U	I	I	U				U
2. CLIENT ENTRY FROM RECEPTION	U	U	M	I	I	U	U	U	I	I	U				U
3. CLIENT ENTRY FROM EMERGENCY SERVICES	U	U	M	I	I	U	U	U	I	I	U				
4. ASSIGNMENT OF CASEWORKER	U	U	M	U	U					U					U
5. INFORMATION GATHERING	U			U	U	U	U	U		U	U	U			U
6. DETERMINATION OF NATURE AND SEVERITY OF PROBLEM(S)	U			U	U		U			U	U				
7. DETERMINATION OF CLIENT'S PRESENT FUNCTIONAL LEVEL	U			U	U		U			U	U				
8. DETERMINATION OF DESIRED FUNCTIONAL LEVEL	U			U	U		U			U	U	I			
9. DETERMINATION OF APPROPRIATE SERVICE STRATEGY	U			U	U	U	U	U		U	U				
10. REFERENCE RESOURCE INVENTORY	U			U	U	U	U	U		U	U				
11. SERVICES AND SERVICE OBJECTIVES	U			U	U		U	U		U	U			I	
12. SERVICE PLANNING	U	U	U	U	U	U	U	U		U	U				
13. SUPERVISORY REVIEW	U			U	U		U			U	U				
14. STAFFING REVIEW AND ACTION	U			U	U		U			U	U	M			
15. COMPLETE SERVICE PLAN	U			U	U	U	U	U		U	U	M			
16. COURT HEARING	U			U	U					U	U	I	I	I	I
17. DIAGNOSTIC CONSULTATION AND SUPPORT	U			U	U	U	U			U	U				

CODES

I - Initiate
M - Modify/Update
U - Utilize

DIAGNOSIS AND SERVICE PLAN DEVELOPMENT
ACTIVITY AND DOCUMENTS

FIGURE 3-9

the diagnosis and service plan process and information (reports, forms) used in the process. Examples of information include: case records, new case listing reports, workload management reports, family profiles, service resource inventories, consulting service files, and service plans, and other reports used in the process.

The child, family, agency and community are all affected by the activities involved in the diagnostic assessment and development of the case service plan. This is manifested in the resulting *outcomes:*

- diagnostic assessment of the child and family
- case service plan for the child and family
- forward obligation of agency resources
- forward commitment of community resources

With the completion of the service plan, both the agency and the clients are ready to move ahead with the delivery of services. This may result in the assignment of another worker to the child and family, or separate workers for each. In the less specialized agency with small staffs, the worker involved in developing the case service plan may also be responsible for the delivery of services. In other instances, when the client is referred to another agency, a new agency person will begin to work with the family or child.

The intake worker has responsibility for preparing the clients for a change in worker; the clients should understand the reason for the change. For a case transfer within the same agency, it is desirable that the intake worker introduce the client to the service worker. It may not be feasible to do so when referring the clients to another agency. The repeated worker/client interactions may have led to some positive feelings, the beginning of a relationship; termination of the relationship may be painful for the client.

This trauma can be minimized through expeditious handling and interpretation of the transfer. One tool which assists the caseworker and the client is a written agreement between the agency and the various key participants in the case: parents, foster parents, and the children when appropriate. This agreement lays out the roles, responsibilities, tasks, and obligations of all involved within a manageable timetable. It is the final bridge on the pathway to services.

(5) Service Provision and Assessment

The *purpose* of this function is to provide the appropriate mix of services to children, youth, and their families to assist them to achieve satisfactory resolutions to their problems, and to accomplish the time-limited objectives specified in the service plan.

The principal *activities* of this function include:

Service provision includes the caseworker's responsibility for delivering or arranging for the delivery of services to the child, youth, family members, or principal child-caring persons.

Services which affect the child and family members directly are carried out with them or on their behalf. Services may be provided to maintain or support a family at their current functional level, or to improve their functional capabilities. Barriers or impairing conditions may be removed for the client members, or they may be assisted to overcome obstacles themselves.

Family unity is paramount, and attention must be given to serve each of the members to strengthen this unity. When children must be separated from their families, appropriate services must be provided to them, to their natural or adoptive parents, and to the foster parents or other principal child-caring person, so that: the child is protected and nurtured; the family is rehabilitated, and the temporary caregivers are enabled to properly care for and nurture the troubled child.

The case worker has continuing responsibility for:

- direct services to the client members (e.g., counseling, reviewing progress, assuring that services are obtained promptly, etc.)
- arranging for specialist services from within or outside the agency through purchase of other agency agreements
- orchestrating and coordinating the mix of services to be provided to the various family members and temporary caregivers.

This more formal review of each case provides the opportunity for:

- more objective assessment of the child and family's progress by the casework unit
- assessment of the caseworker's training needs for handling different types of cases, seeking outside assistance, etc.
- one-on-one training for the caseworker by the supervisor
- reflection by the supervisor on the nature of the client population, their continuing or changing needs, the adequacy of the services available to meet those needs, etc.

Refinement of the service plan is a continuing and reiterative process with review and adjustment of the service plan as needed to assure satisfactory results for the child(ren), youth and their families. If progress is unsatisfactory, if there is a major change in the client's circumstances, or if additional information is obtained, the service plan may be modified to:

- obtain additional diagnostic and consultative services
- change the stated goals and objectives for the family
- alter the service objectives, service agreements, and timing with the clients
- alter the nature, duration, frequency, intensity, and timing of services to be provided
- arrange for changes in services and service providers
- schedule final case review and assessment (if client goals and service objectives appear to be met).

Case disposition is based on the final case review and assessment; cases may be:

- closed satisfactorily

- de-activated with periodic follow-up
- reassigned to another agency unit
- referred to another agency.

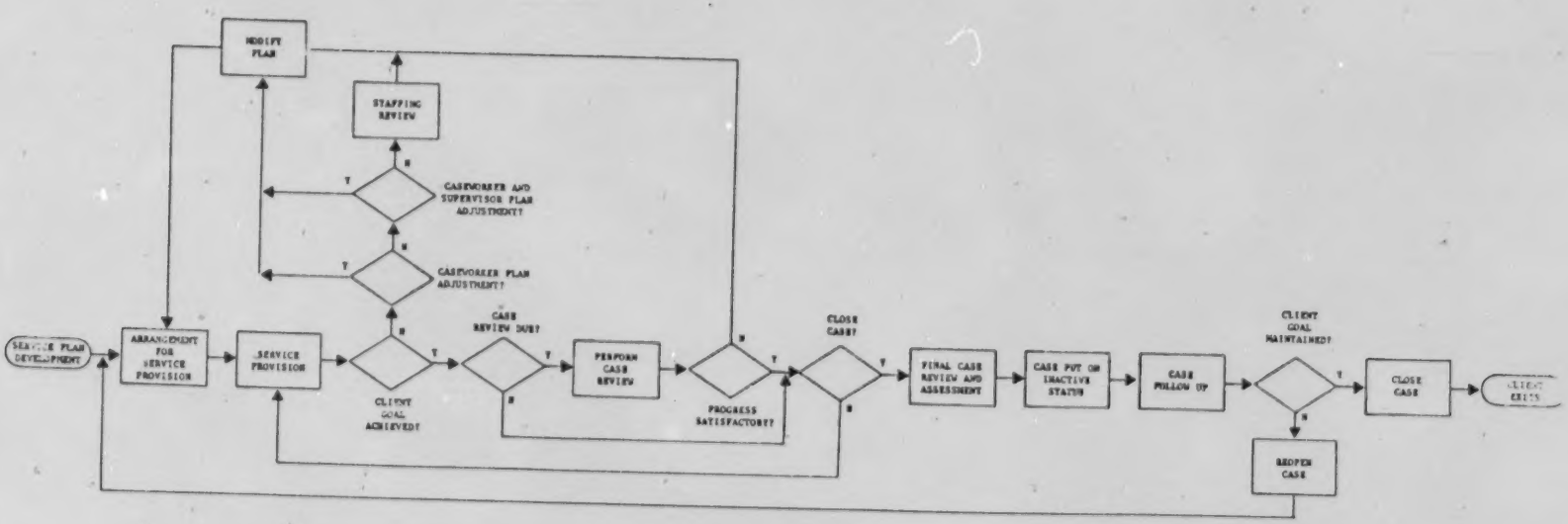
The *requirements* essential to this function are consistent with those listed under Diagnosis and Service Plan Development, pp. 3-19 through 3-34.

The particular mix of services, treatment, and strategies may vary from case to case depending on the particular needs of a given family or its members, and from community to community within a state, depending on the resources available. The prototype requires that a core of services for children and families be offered by the children's services system either directly to children and families or by inter-agency and purchase agreements.

In addition to caseworkers, other service resources supply the personnel (e.g., foster parents, homemakers, day care providers) and the facilities (e.g., institutions, group homes, day treatment centers) necessary for those essential children's social services provided by the system itself. Collateral community resources (e.g., housing, clothing, legal assistance, consumer protection) come from other parts of the agency or from the community to supplement the system's own services. These providers may be employees delivering services within the system, private entitites serving under purchase contracts, and in some instances, other community resources supplementing the services provided by the system.

An additional requirement is that a wide range of community-based resources be compiled and utilized to support and supplement system service resources. Thus, the provision of services which occurs in this function is the result of a highly individualized diagnosis of a child's and family's problems and the selection of a particular service mix which is tailored to the needs of the particular child or family.

The charts on the next pages summarize the service provision and assessment process. Figure 3-10, Service Provision and Assessment Activity and Decision Flow, illustrates general activities of the personnel involved in service provision and assessment processes. Figure 3-11, Service Provision and Assessment Activity and Documents, shows information used in the service provision and assessment process.



SERVICE PROVISION AND ASSESSMENT ACTIVITY AND DECISION FLOW

FIGURE 3-10

ACTIVITY \ DOCUMENT	CASE RECORD	SERVICE PLAN	PROGRESS NOTES	PENDING REPORT	SERVICE PROVIDER PROGRESS REPORT	SPECIAL DIAGNOSTIC PROGRESS REPORT	CASE ASSESSMENT SUMMARY	SERVICE PROVIDER INVOICE	SERVICE RESOURCE EVALUATION FORM
1. ARRANGEMENT FOR SERVICE PROVISION	M	M	M	U	M	M	M	U	U
2. SERVICE PROVISION	U	U	M	M	M	M	M	U	
3. STAFFING REVIEW	U	M	M	U	U	U	U	U	U
4. MODIFY PLAN	U	M	U	U	U	U	U	U	U
5. PERFORM CASE REVIEW	U	U	U	U	U	U	U	U	U
6. FINAL CASE REVIEW AND ASSESSMENT	M	U	U	U	U	U	M		
7. CASE PUT ON INDEFINITE STATUS	U	U	U	U	U	U	U		
8. CASE FOLLOW-UP	M	M	M	U		U	M		
9. CLOSE CASE	U	M	M	U		U	M		
10. REOPEN CASE	M	U	U			U	M		

CODES

I - Initiate
M - Modify/Update
U - Utilize

SERVICE PROVISION AND ASSESSMENT
ACTIVITY AND DOCUMENTS

FIGURE 3-11

(6) Review and Action

Unlike previously discussed functions, there is no direct contact with clients in review and action. Review and action serves a dual purpose:

- it serves as a casework support and an administrative control on all of the major decisions and actions in a case, ensuring that a client's needs are being met appropriately and in a manner consistent with agency policies and standards; and
- it serves as a valuable teaching device that is used to develop and improve the skills of all service delivery personnel.

A "conflict free" panel of third party reviewers is responsible for reviewing cases and mandating corrective actions at the client service operations level. "Conflict free" should be understood to refer to individuals who have not been involved in delivering services or providing supervision to any cases under review. Third party denotes reviewers other than the client (the first party) and the caseworker and supervisor (the second party).

Organizationally, the individual responsible for chairing review and action should be the client service administrator or the administrator's designee, to whom supervisors in a local service delivery office report (in some settings this administrator may be located at the local service delivery office itself, and in others, at a district, county or State office). Other members of a review panel could appropriately include supervisors and highly skilled caseworkers who meet the conflict free requirement.

A number of other types of case reviews may be a part of the system or may be imposed on the system from outside. These other types of reviews are distinct from and in addition to administrative review and action. Examples include:

- peer reviews of cases, that are chiefly a training device;
- State level review of a statewide sample of cases to test the integrity of the entire service delivery system based on State monitoring of, and feedback to, Client Service Operations;

- State level reviews of high risk cases on an exception basis, such as cases involving placement of a child for six months or more;

- mandatory court reviews of an agency's cases; and

- citizen reviews.

In no setting should these other reviews substitute for or replace review and action. In fact, it is strongly recommended that administrative review and action be scheduled to take place as preparation for court review.

In most settings, the volume of cases will make administrative review of every case impossible. It is, therefore, recommended that at a minimum all cases representing high risk to the client and to the agency be reviewed periodically; a sample of all of the other cases should be reviewed periodically. The following criteria are recommended for selecting high risk cases for review:

- compulsory review of all cases of abuse, or neglect of children;

- compulsory review of all cases involving placement of a child outside his home for six months or more, with subsequent reviews every six months thereafter;

- compulsory review of all court reviewed cases, prior to the court's review;

- compulsory review of all cases involving rape, incest, death, or serious injury;

- review of any especially unusual or difficult cases on an exception basis, such as cases identified by supervisors as appropriate for review.

Appropriate program specialists may participate in any of the above types of reviews in a consulting capacity. For example, the protective services specialist should participate in case reviews involving abused children. Foster care and adoption specialists may provide consultation in reviews of cases of children in placement for six months or more. A court liaison worker is an appropriate consultant to reviews of cases involving mandatory court review.

A sample of all other than high risk cases should be reviewed. Such a sample could be drawn from each caseworker's remaining cases, or from a specific client group, such as day care recipients, teenage parents, or status offenders.

It must be recognized that the design of this function assumes that other portions of the system are operating according to the specifications of the overall design. For example, if review and action is to be implemented as a control element for service provision and assessment, the process will only be effective and efficient if the Diagnostic Assessment and Service Plan Development activities are operational as specified in the design of those functions.

Case review procedures and guidelines should be developed and documented in a client service operations training and reference manual; all guidelines should be consistent with case decision making guidelines used in other functions. While the task of developing such guidelines is a difficult one, especially where legitimate differences in professional judgment are concerned, the performance of the review function is most effective when uniform standards are employed. In addition, all persons serving on the review panel, including the administrator, should receive training in using the guidelines.

The decision table, Figure 3-12, on the following page summarizes review and action decision processes. This table suggests review and action processes for the activities in the reception, emergency service provision diagnosis and service plan development, and service provision and assessment.

CLIENT SERVICE OPERATIONS: System Standards

Standards are required to guide the processes and methods used in the system, assuring that the processes will reflect proven methods or good practice consensus of child welfare specialists and other professionals in the social services. The standards will reflect special requirements for service delivery in an agency, practices used by other groups with success, and methods that meet local, State, and Federal regulations and limitations. The standards will also spell out personnel requirements, special skills, and training/education qualifications needed for successful system performance. They will reflect the procedures of the system delivery process addressing time requirements, sequence of events, case plan requirements, and other related characteristics.

CLIENT SERVICES OPERATIONS REVIEW AND ACTION ACTIVITIES		ACTION						
ACTIVITY	CONDITION	YES OR NO						
RECEPTION	REFERRALS, APPROPRIATE AND TIMELY	Y	N					
RECEPTION	PROMPT SCREENING AND DISPOSITION OF CASES	Y	N					
RECEPTION	ELIGIBILITY DETERMINATION IS APPROPRIATE	Y	N					
RECEPTION	DOCUMENTS ARE COMPLETE AND ACCURATE	Y	N					
RECEPTION	INTERAGENCY REFERRALS AND REFERRAL FOLLOWUPS ARE TIMELY	Y	N					
EMERGENCY SERVICE PROVISION	SERVICE TIMELY AND APPROPRIATE	Y	N					
EMERGENCY SERVICE PROVISION	INQUIRY AND REPORTING APPROPRIATE	Y	N					
EMERGENCY SERVICE PROVISION	SYSTEM IMPROVEMENTS NECESSARY	Y	N					
DIAGNOSIS AND SERVICE PLAN DEVELOPMENT	SERVICE PLAN COMPLETE AND ACCURATE	Y		N				
DIAGNOSIS AND SERVICE PLAN DEVELOPMENT	STAFFING REQUIRED				N	Y		
DIAGNOSIS AND SERVICE PLAN DEVELOPMENT	DOCUMENTS ARE COMPLETE AND ACCURATE	Y	N					
SERVICE PROVISION AND ASSESSMENT	STAFFING REQUIRED					Y	N	
SERVICE PROVISION AND ASSESSMENT	SERVICE PROVISION APPROPRIATE AND TIMELY	Y	N					
SERVICE PROVISION AND ASSESSMENT	PERIODIC CASE ASSESSMENTS ARE TIMELY	Y	N					
SERVICE PROVISION AND ASSESSMENT	SERVICE PLAN DECISIONS APPROPRIATE	Y	N					
CASE ON INACTIVE STATUS	FOLLOWUP DECISIONS APPROPRIATE AND TIMELY		N					Y
ACTION 1	SUPERVISOR APPROVES EXISTING ACTIVITY	X						
ACTION 2	SUPERVISOR NOTIFIES WORKER TO TAKE CORRECTIVE ACTION		X					
ACTION 3	SUPERVISOR RETURNS SERVICE PLAN FOR CORRECTIVE ACTION			X				
ACTION 4	SUPERVISOR REVIEWS COMPLETENESS AND APPROPRIATENESS OF SERVICE PLAN				X			
ACTION 5	SUPERVISOR AND WORKER ARRANGE FOR STAFFING					X		
ACTION 6	SUPERVISOR MAKES ASSESSMENT OF SERVICE PROVISION						X	
ACTION 7	SUPERVISOR APPROVES CASE DISPOSITION							X

REVIEW AND ACTION DECISION TABLE

FIGURE 3-12

The standards are directed at all participants in the services delivery system and to the administration and management personnel responsible for system improvement and change. In the administrative and management functions, standards are used in planning and organizing services and, equally important, in establishing State and local licensing requirements. Standards provide a base for contracting procedures and for other activities that are carried on with persons and organizations outside of the agency. Standards also provide contents for teaching and training programs in child welfare and for curriculum in schools of social work.

The standards available for use with the prototype system, are those of the Child Welfare League of America, Inc. (CWLA)[4] and the standards for foster family services systems of the American Public Welfare Association.[5] At implementation time, the standards will be modified, when required, to reflect unique needs of each agency. Changes that may be required to improve service delivery performance will be recorded and incorporated into the system specifications.

CLIENT SERVICE OPERATIONS: System Feedback

The system feedback controls assure that services are provided in accordance with standards, methods, and procedures set forth for the prototype system. The feedback process assures that system performance remains on track and that the system continues to provide services in accordance with system goals. This feedback is integral to those Client Services Support activities that relate to direct support planning and evaluation.

The feedback process is reflected in each of the application areas. In the outreach program, feedback of outreach

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5 Child Welfare League of America Standards (Eight Volumes), Child Welfare League of America, Inc., 67 Irving Place, New York, New York, 1973.

6 Standards For Foster Family Services Systems With Guidelines For Implementation Specifically Related To Public Agencies, developed by American Public Welfare Association for the National Center for Child Advocacy, U. S. Children's Bureau, Washington, D. C., 1975.

activity information assures that agency, local, State, and Federal policy, regulations, and programs will be emphasized, outreach will be directed to those areas where support resources have been allocated, and the activities of the outreach worker reflect agency direction.

The reception function requires feedback of the operating methods and procedures established in the design. Feedback mechanisms should reflect the need to capture accurate client information--especially tracking information. Feedback also monitors the decision-making activities of reception agency personnel; referrals to other agencies made by the personnel; their handling of client needs, directing clients to emergency services when required, and other procedural activities to get the client into the system. The reception feedback must accurately reflect client referrals, record this information and initiate the client tracking capabilities of the information system.

Feedbacks in the diagnosis and service plan development function relate to the information requirements during case planning, the need to accomplish goals in developing the case plan, and steps that should take place during diagnosis and case plan development. The feedback in the system assures that caseworkers follow system methods and procedures and use best-practice methods during diagnosis.

Feedbacks in the service provision and assessment activity are used to monitor the service provided by the agency, services provided by outside contractors, volunteer services, services provided in institutions, and other sources of services. The feedback must monitor the caseworker methods used in providing services and provide assurance that assessment of services will occur.

Feedbacks are highly visible in the review and action process. In this activity, major components are review of services and information collected, review of the progress of the client, and review of diagnosis and services provided.

An agency-wide quality assurance program can also be incorporated into the feedback requirements of the model. In the quality assurance program, cases may be sampled and a review group composed of highly skilled workers, management, selected consultants, and front-line social workers are selected for case analysis to recommend improvements in procedures or

implementation of new or improved controls. This quality assurance program embraces all levels of the agency. The Local Child Welfare Agency Self-Assessment Manual[6] developed by the Urban Institute for the Children's Bureau offers a tool for agencies to use in developing their feedback requirements.

CLIENT SERVICE OPERATIONS: System Results

The results of system processing are the system outputs. Included in this category are: client outputs (clients served, services provided to the clients); agency-related outputs (performance results, skills improvements, on-the-job training); and, information outputs--records and statistics developed as a result of the system processes. Each output, regardless of category, is brought about by system inputs interacting with system processes and therefore becomes an indication of the success of the system applications. The outputs, in part or in whole, feed back to the other segments of the system and are used to adjust and improve system performance. The feedback is used as a system resource to measure and improve system performance.

The outputs will be used to upgrade service delivery methods, provide new services, and offer clients improved service delivery techniques. The outputs will also be used to improve each of the system activities. For example, an analysis of the outreach program can be made; reception figures, times for service delivery, emergency service delivery results, and other similar events can be reviewed. The output results will also give agency personnel a permanent, standard format record of case histories for clients. The record will provide methods for review of actions taken and services delivered. The case information will allow other skilled workers to participate in the case, offering special skills and services for clients. The outputs will also increase and improve diagnostic methods in use at the agency. Case results can be reviewed, and training and personnel development programs can be developed based on actual case histories.

The information outputs--case plans, tracking capabilities, service directories, and other reporting mechanisms, whether

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[7] Local Child Welfare Services Self-Assessment Manual, developed by The Urban Institute for the National Center for Child Advocacy, U. S. Children's Bureau, Washington, D. C., 1977.

automated or manual, will provide an organized, standardized, complete, and thorough means for using data gathered during case processing, licensing, training, and other agency activities. The information will be used on an immediate (quick-access) basis during case processing or will be reviewed and analyzed during diagnosis, assessment, and review functions.

System outputs and associated feedback capabilities will provide caseworkers with information to enhance their understanding of how services relate to current needs, the desirability of currently employed delivery techniques, and the relative priority of current services taken in context with all service needs. The information will provide agency management and planning personnel with background materials to develop new understandings of the needs in the community and identification of human services needed and wanted by the target community.

Agency management will also obtain performance evaluation material from the outputs. Output results will be used to review the impact of services on the target community, evaluate clients served by the system, and analyze general public reaction to services provided. Figure 3-13, Prototype System Results, illustrates the main information outputs of the system.

B. CLIENT SERVICES SUPPORT: Overview

The efficient and effective delivery of direct services to clients depends upon the agency's ability to meet the *requirements* stated for each of the functional areas described under Client Service Operations. These requirements include: clear statements of policies and procedures; availability and access to appropriate services and facilities; knowledgable and trained staff; access to specialists and consultants; reasonable standards and procedures to assess the quality and appropriateness of services; among others.

The development, maintenance and provision of these requirements for effective on-line service delivery depend, in turn, upon a number of essential support functions which may be grouped into three principal areas.

(1) resource management

(2) general management, and

(3) self-assessment and planning.

OUTREACH
. Increased client entry
. Expanded services offered
. Increased community participation
. New emphasis areas
. Greater success with target-groups
. Increased understanding of client requirements
. Identification of new needs
. Improved agency operations
REVIEW AND ACTION
. New methods to control service delivery
. Control of client needs, services, response
. Methods for licensing control
. Methods for control of contractor and review of services
. Improvements to staff skills
. Improvements to supervisory skills
. Improvements to agency training programs
. Improvements to case information
EMERGENCY
. Expanded services to clients
. Improved emergency services
. Improved support services
. Use of new techniques in service delivery
. Expedited reception into system
. Improved community support
SYSTEM RESULTS
OUTPUTS
SERVICE PROVISION AND ASSESSMENT
. Operation of comprehensive service delivery function
. Integration of available services
. Updated case information
. Updated client progress reports
. Available service delivery information
. Improved service delivery methods
. Services that match client needs
RECEPTION
. Improved services to clients
. Immediate access to emergency services
. Improved referral capabilities
. Improved services to referral clients
. Improved methods for timely service
. Development of client tracking information
. Improved methods for client processing within system
. Improved understanding by agency personnel of client service process
DIAGNOSIS AND SERVICE PLAN DEVELOPMENT
. Use of standard procedures to handle diagnosis support activities
. Use of best practice methods in diagnosis function
. Compilation of case history information
. Understanding of services needed
. Better use of services available
. Easy access to services during plan development
. Easy access to available services for client
. Improved service plans
. Increased skills in diagnosis and service plan development

PROTOTYPE SYSTEM RESULTS

FIGURE 3-13

Within each of these functional areas, activities occur which impinge more or less directly on the actual delivery of services to clients; i.e., direct support functions and general support functions to differentiate those which are in direct support of client operations from those which are in support of the overall program.

Information Processing is yet another function which supports the activities in both Client Service Operations and Client Support Services. Figure 3-14, Client Services Support, illustrates the functions that comprise client services support.

CLIENT SERVICES SUPPORT: Resource Management

The *purpose* of this support function is to acquire and maintain suitable and adequate numbers of staff, caregivers, and other service resources to effectively deliver social services to children and their families. At the direct support level, this includes activities related to:

- development of policy and procedures statements affecting resources used in service delivery;
- recruitment and selection of staff and consultants used in service delivery;
- provision or arrangements for preservice and in-service orientation and training for staff serving clients
- recruitment, approval, licensing, agreements with caregivers such as, foster families, potential adoptive parents, homemakers, day care home and center operators, group home parents or operators, residential care providers, and other individual or group care providers;
- provision or arrangements for orientation and training of caregivers, e.g., foster parents
- contracting for services to be delivered to clients
- interagency agreements concerning service delivery
- development of resource compendia
- maintaining inventories of services and caregivers.

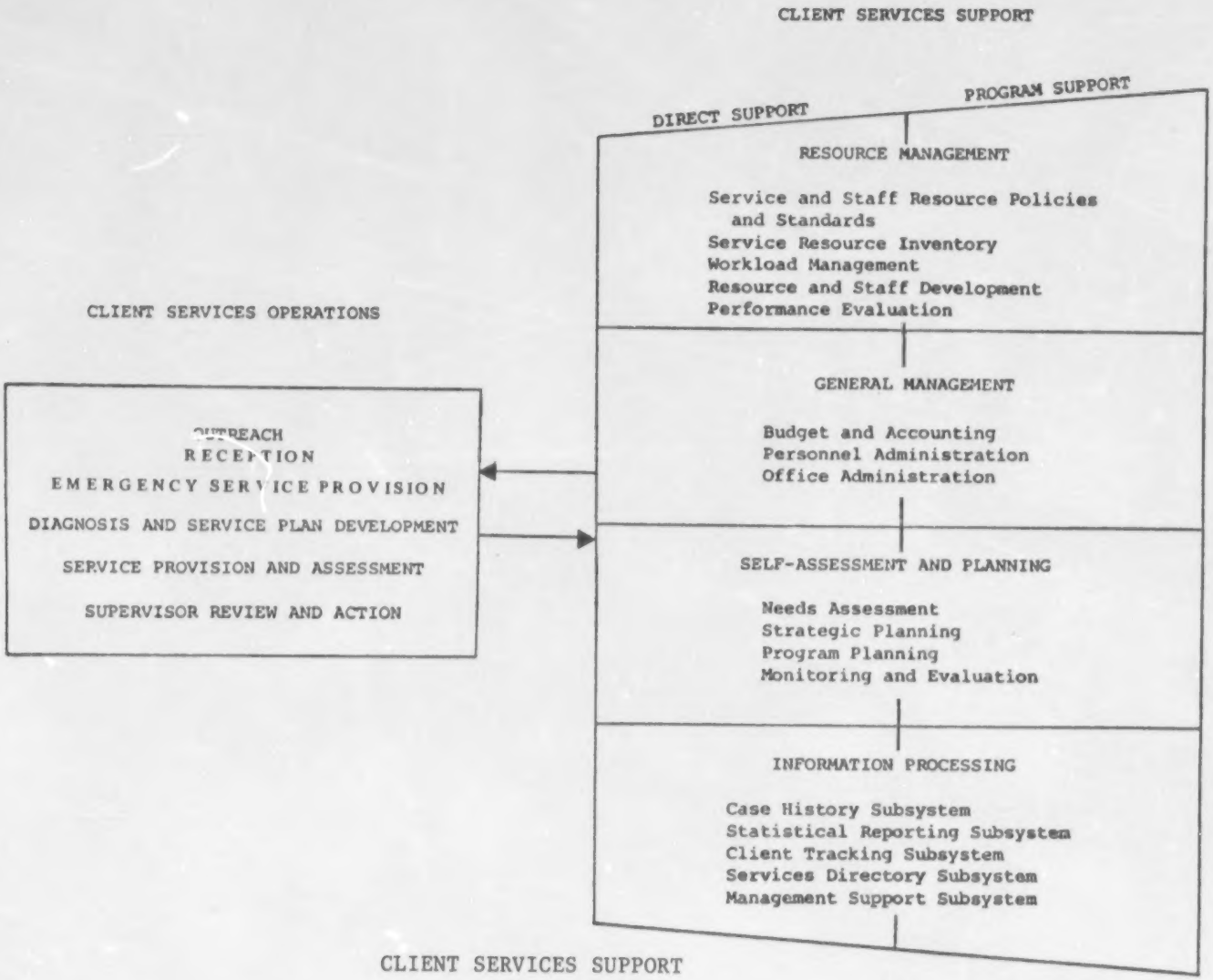
CLIENT SERVICES SUPPORT
DIRECT SUPPORT
PROGRAM SUPPORT
RESOURCE MANAGEMENT
Service and Staff Resource Policies and Standards
Service Resource Inventory
Workload Management
Resource and Staff Development
Performance Evaluation
CLIENT SERVICES OPERATIONS
GENERAL MANAGEMENT
Budget and Accounting
Personnel Administration
Office Administration
OUTREACH
RECEPTION
EMERGENCY SERVICE PROVISION
DIAGNOSIS AND SERVICE PLAN DEVELOPMENT
SERVICE PROVISION AND ASSESSMENT
SUPERVISOR REVIEW AND ACTION
SELF-ASSESSMENT AND PLANNING
Needs Assessment
Strategic Planning
Program Planning
Monitoring and Evaluation
INFORMATION PROCESSING
Case History Subsystem
Statistical Reporting Subsystem
Client Tracking Subsystem
Services Directory Subsystem
Management Support Subsystem
CLIENT SERVICES SUPPORT

FIGURE 3-14

The close and critical nature of these various activities to the actual delivery of services to children and their families requires that those responsible for resource management coordinate very closely with those responsible for client service operations, particularly where qualitative judgments must be made about staff, caregivers, or other resources.

Resource management at the direct support level is responsible for both the assembly and management of resources for client services operations, as well as for developing future resource needs based upon the needs assessment information generated in the self assessment and planning function.

Resource management at the direct support level involves the recruitment and the training of personnel. Several categories of personnel on the preprofessional and on the professional levels are vital to the system. The basic tasks in child welfare (for example, decision-making, resource mobilization, direct intervention to help clients in need, and work integration requirements) are performed by agency personnel to carry out the system applications (outreach, reception, diagnosis and service plan development, service provision and assessment, review and action, and emergency service provision). Functions and qualifications of the personnel in the system are briefly presented below.

(1) Preprofessional Personnel

Qualifications: Experience and knowledge of the community or special groups are the primary abilities required. Although high school graduation is not always required and may be irrelevant, basic skills in reading, writing, and computation are important. A high school diploma may be required for certain positions. A concern for people and a willingness to learn on the job are essential attitudes.

Functions: As part of a team or with other professional supervision:

- interviews applicants for services to obtain basic data and to provide information on available services;
- interprets programs or services to ethnic or cultural groups and helps such groups or individuals express their needs;

- assists people in determining their eligibility for services and in assembling or obtaining required data or documentation;
- participates in neighborhood surveys, obtaining data from families or individuals;
- provides specific information and referral services to people seeking help;
- conducts case-finding activities in the community, encouraging people to use available services;
- provides specific instructions or directions concerning the location of services or procedures involved in obtaining help;
- serves as a liaison between an agency and defined groups or organizations in the community;
- assists in helping individuals or groups with difficult day-to-day problems such as finding jobs, locating sources of assistance, or organizing community groups to work on specific problems;
- contributes to special planning studies from knowledge of clients' problems and viewpoints, as part of a project or planning unit;
- helps assess the suitability or effectiveness of services by understanding and relating to the experience and specific needs of a group;
- provides coaching and special supportive role assistance to help groups or individuals use services;
- records data and helps collect information for research studies;
- works with local agencies or workers regarding specific problems and needs of clients and agencies;
- handles emergency evaluations and provides emotional support in crises.

(2) Professional Level Personnel

a. Social Worker

Qualifications: Completion of an approved social work program leading to a baccalaureate degree.

Functions: With supervision:

- provides social work services to clients directed to specific, limited goals;
- conducts workshops to promote and interpret programs or services;
- organizes local community groups and coordinates their efforts to alleviate social problems;
- consults with other agencies on problems of cases served in common and coordinates their efforts to alleviate social problems;
- consults with other agencies on problems of cases served in common and coordinates services among agencies helping multi-problem families;
- conducts basic data-gathering or statistical analysis of data on social problems;
- develops information to assist legislators and other decision-makers to understand problems and community needs;
- serves as an advocate of those clients or groups of clients whose needs are not being met by available programs or by a specific agency;
- works with groups to assist them in defining their needs or interests and in deciding on a course of action;
- administers units of a program within an overall structure.

b. Social Worker Supervisor

Qualifications: Completion of an approved social work program leading to a Master's degree with work started or completed on a graduate degree, or equivalent experience.

Functions: As a casework supervisor and consultant:

- casework with clients
- provides therapeutic intervention under supervision;
- organizes a coalition of community groups to work on broad-scale problems;
- conducts group therapy sessions in a clinic setting;
- provides consultative assistance with social services to a community;
- develops and conducts research involving basic statistical techniques;
- works on program planning for the agency providing social services;
- may instruct on a faculty of a school of social work;
- administers a social service program;
- serves as a team leader in a service unit;
- works in a program planning section of a social service agency.

Training is an essential component of this system design without which effective and quality care cannot be achieved. Due to historical events relating to the use of a generic curriculum for pre-service training in the schools of social work, the generalist approach to the utilization of staff in the public social service agencies, and the concomitant downgrading of State merit system qualifications for caseworkers, including the elimination of all training requirements in some States, the provision of in-service training specific to emergency services, diagnostic, service plan development, case assessment and the provision of services to children and their families has become imperative.

Training improves the skills and competencies of the entire staff, particularly those involved in administrative, diagnosis/service plan development and service delivery. There are multiple objectives:

- orient staff to the policies and practices of the agency
- develop understanding and skills for the implementation of new processes and techniques specific to children, youth and family concerns

- inform the staff of new developments in the field which has applicability to agency goals
- provide administrative and professional support to the worker as psychic feedback to prevent burnout of psychic exhaustion
- to enable staff to improve their professional skills for career development
- to reduce the costly turnover of staff.

Training is an investment in staff and represents an organizational response to a critical staff need.

Currently, agencies encounter a dual problem; high turnover of beginning workers and little turnover of supervisory or senior staff. Both groups are in critical need of training; the former need to learn the basic skills while the latter need to update their knowledge and skills relating to the development of new technology.

The demands for resources and the time required to serve clients are so great that low priority is given to training. A study, completed in 1977, by the Florence Heller Graduate School for Advanced Studies in Social Welfare,[7] which examined the use of Title XX training in six States concluded:

- training is usually carried out as a distinct activity without meaningful links to service programs offered by the agency
- there have been no systematic efforts to identify training needs
- State training units appear to have limited power and recognition and are unable to secure the support and cooperation of program management
- the Federal government should establish national goals while allowing the States the responsibility to decide who should be trained, what training is needed, and who should provide the training.

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[8] Schottland, Charles I. Training For Social Services in Public Welfare Agencies And The Role of Institutions of Higher Education, Florence Heller Graduate School For Advanced Studies in Social Welfare, Brandeis University, February 1977.

Last year the Federal government allocated $63 million to the States for the 75% share of Title XX training funds and $8.1 million to the Title IV-B Section 426 to institutions of higher learning for child welfare training. Thus, while the financial resources exist, coherent plans to effect improvements in social service delivery, management and administration are lacking.

Complicating the training problem is the general lack of comprehensive tested curriculum materials, except for child abuse and neglect, that can readily be used by State training units. Many States develop partial materials without sufficient awareness of other developments. Resources are often insufficient for adequate field testing.

Training is a critical part of the staff support system and the supervisor has a key role. The supervisor is both administrator and teacher. Under the pressure of time and other demands, the latter function and skill has been eroded in many agencies. Through joint supervisory case assessments with caseworkers (Service Provision and Assessment Function), the training needs for individual caseworkers can be identified, and the supervisor, as teacher, enables the worker to improve the caseworker's skills. Similarly, the third-party review (Review and Action Function) of cases and self-assessment of agency practices can be used to pinpoint training needs of individual supervisors, casework units, or others in the agency which may be arranged by the training unit. The training unit is the agent for technology transfer and bridges the gap between the knowledge and skills needed by the agency and the developments in the field. The needs of the field must also be communicated to and integrated into the curricula of the various social work school programs. The schools of social work, in turn, have a responsibility to integrate into their curricula the emergency technologies in administration, management, and planning as they apply to social work practice. This, too, has been an expressed and visable need of the field.

The first task of the agency's training program is to assess the training needs of the staff. This includes an awareness of the knowledge and skills required to perform the essential functions of the agency and need to assess staff knowledge and skills levels to determine training needs. This provides the basis for formulating a training plan to meet the differential needs of a staff on a continuous basis to achieve specific objectives within a definied time span. The supervisor's individualized training

role and responsibility is especially significant in the delivery of human services where experience and judgment must be gained over time. This role should be a recognized feature of the overall training program.

Materials for training should be acquired or developed, and procedures established to achieve effective training. Recognition must be given to the on-duty time required for training; and, opportunities to have staff participate in local, regional, or national training programs and conferences should be maximized.

Meaningful assessment of the training effort and its results which goes beyond the satisfaction of the participants is essential. Supervisors can assess whether worker skills have improved; third-party case review and agency self-assessment can be used to measure changes in performance.

The following *requirements* should be met at a minimum, for an effective training program:

- training needs assessment
- training plan
- training materials and curricula
- integration with supervisors' training function
- an array of training techniques
- skilled trainers
- training assessment procedures
- awareness of training activities outside the agency
- information concerning changes and advances in technology
- policy and procedures manual.

Within an agency, the impact of training may be recognized by the following:

- improved skill noted by supervisor, review and action, and agency self-assessment
- reduced worker burnout

- reduced staff turnover and increased morale
- decrease in client drop-out
- decrease in time necessary to complete services.

At the general support or State level, the resource management function is responsible for developing policies, standards, structures and programs for resources to be managed at the direct support level. Activities of the resource management function at the general support level include:

- development of service and staff resource policies and standards regarding types of service and staff resources to be used or purchased,
- development of a service resource taxonomy - a coded, standard service classification system used throughout the State for inventorying community service resources,
- formulation of service resource development programs, including recruitment methodologies and tools, screening, licensing and contracting procedures, and training and upgrading programs,
- development of workload standards, in conjunction with personnel administration, which guide the assignment of individual workloads,
- formulation of staff development programs to train new workers and upgrade skills as determined by job performance evaluations.

CLIENT SERVICES SUPPORT: General Management

The system will provide management with support services at the direct support level relating to accounting and budgeting, personnel administration, and office administration. These services support the daily management of client services operations.

At the general support level the system provides information for policy management level decision making. Liaison with Federal and Statewide public and governmental organizations, as well as

the public at large, is carried out at this level.

The following administrative support services are necessary at the State level for program administration:

- accounting and budgeting, which tracks system expenditures, establishes uniform accounting procedures, and submits budget documents to top-level management, based upon the approved program plan;
- personnel administration, which recruits and hires staff, develops and enforces personnel policies, and maintains personnel records; and
- office administration, which manages both the facilities and the inventory of equipment and supplies for the system.

Special features of the system at the State level include: centralized decision-making and accountability for the entire system; centralized enforcement of agency policies and guidelines; systematic evaluation of the environmental constraints, and centralized efforts to influence that environment and uniform budgeting and accounting practices on a statewide basis.

CLIENT SERVICES SUPPORT: Self Assessment and Planning

Self assessment and planning at the direct support level includes the analysis of data regarding the local service delivery process and the achievements of that process. It provides management with analyses to support managerial decision-making. In addition, this function incorporates feedback on programs to assist in identifying deficiencies and correcting them. Self assessment and planning at the direct support level carries out activities such as the following:

Needs assessment conducts community needs surveys and analyzes existing data on service delivery patterns and community demographics in order to project future client levels and types and their service needs.

Program planning develops an annual plan for future implementation of service programs which will meet client needs projected through the needs assessment process. Measurable program objectives and milestones are developed which can be monitored and evaluated.

Monitoring and evaluation tracks the performance of client service operations against the program milestones and against measurable agency policies; notifying top-level management of the need to take special corrective actions. Achievement of program objectives is also tracked to evaluate program effectiveness.

Special features of the self assessment and planning function at the direct support level include:

- self assessment and planning carried out in direct support of the local client service operations,
- an organized ongoing needs assessment to determine local community needs and programs.
- measurable program objectives and milestones are developed as part of program planning.
- notification of management of the need to take timely corrective actions on an ongoing basis.

At the program support level, self assessment and planning is responsible for setting uniform standards and guidelines. Specific features at this level include:

- the development of uniform standards for state-wide planning and evaulation activities;
- planning and evaluation as an ongoing activity, rather than occurring at a specific time before the close of the fiscal year;
- ongoing monitoring of the system so that corrective actions can be taken on a timely basis;
- monitoring against quantified, time-related milestones and objectives for every program; and
- a systematic assessment of potential client needs used as a basis for the planning process.

CLIENT SERVICES SUPPORT: Information Processing

An information system will support the functions of the system. This information system may be manual, partially automated, or totally automated. It consists of the procedures

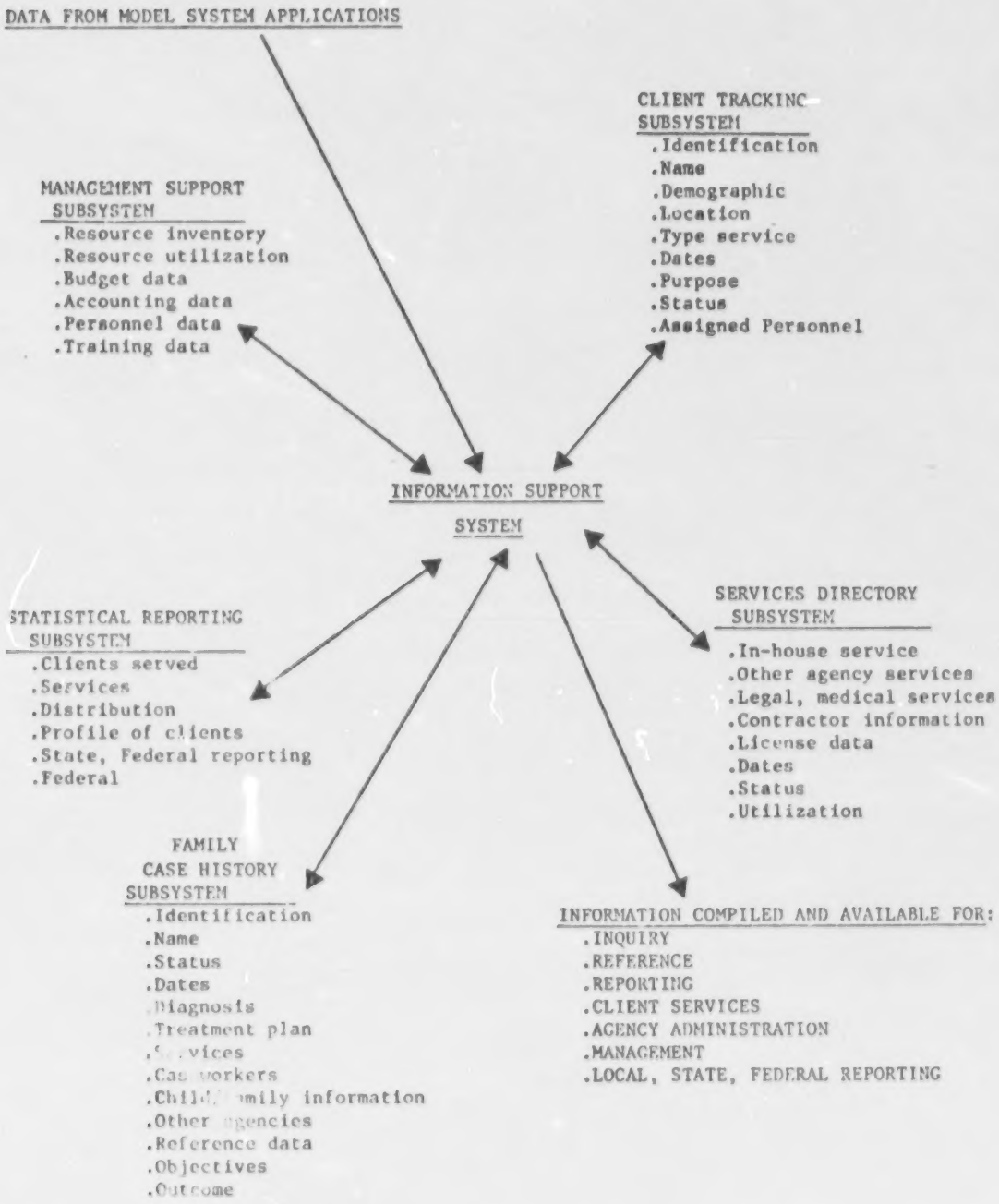
and information required to manage, review, and track case records. An overview of the information system is shown in Figure 3-15: Information Support System.

The information system incorporates the following features:

- will provide information to follow the progress of a client and determine if specified goals and objectives are being met;
- will provide case review information so that the case records can be easily and accurately reviewed to determine continuation plans, termination, or implementation of alternative case plans;
- will provide methods to quickly and easily retrieve information from the case plans for each client;
- will set forth data collection methods, methods for record maintenance, and reporting requirements.
- will provide specific record management procedures, methods for transfer of records, record inventory techniques, and methods for utilization of the case plan records;
- will establish procedures to develop, maintain, and use complete, consistent, and manageable case records;
- data entry techniques will stress requirement for accurate, complete, private, timely, informative case plan records prepared by agency personnel.

The information support system will contain several components such as Client Tracking, Services Directories, Case Histories, Statistical Reporting, and Management Reporting Subsystems. The support systems will contain rules, form, procedures, and, where resources allow, automated methods to capture, store, maintain, and utilize the information required to carry out the model system. The support capabilities will reflect data needs concerning clients, services, agency personnel, agency resources, State and Federal resources used by the agency, and will provide these data in easily useable forms to social workers performing social service delivery activities.

COMPOSITION OF SUPPORT SYSTEM



INFORMATION SUPPORT SYSTEM

FIGURE 3-15

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The information will be used in the outreach application to identify former clients, available services, statistics, emphasis area figures, and caseload figures, and in the reception function for client identification and client status information. In diagnosis and service plan development, service provision and assessment, and review and action it will provide information for client tracking, case histories, reports, case management, and supervisory tasks.

Client, family information; caseworker assignments; available services; source and referral information; licensing and contracting data, and various other information will be used by the agency personnel. Case history information will be carefully recorded and saved for continued service to clients and for reporting purposes.

A major component of the information support system will be the case plan segment which contains information for use by agency personnel during service delivery functions. Information derived from case plan records will provide agency personnel with needs assessment data, planning information, data for calculating allocation of resources, information on which audits of services provided can be performed, information for review of client services required and provided, and information for status reporting on cases.

These case records may contain the following data elements: client-identification--client name, client birth, client parents/guardian address(s); client characteristics--sex, coloring, hair color, eyes, size-height, weight, at age; identifying characteristics; date of entry; entry method; caseworkers assigned; dates services provided; case outcomes, service narrative; activity dates and activity; case disposition and dates; pending indicators; reference file information, file codes; transfer information, to, from, date, caseworker, reason, result; health information, date, by, diagnosis; back-up records, date; release date, by; referrals to, service indicator, date, by; and, legal document indicators.

Suggested contents of the case plan form (copied from the Self-Assessment Manual of the Urban Institute)[8] are presented in the next paragraphs. The information on the form, whether maintained on a manual or partially automated basis will become

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[9] Local Child Welfare Services Self-Assessment Manual, developed by The Urban Institute for the National Center for Child Advocacy, U. S. Children's Bureau, Washington, D. C., 1977.

the foundation of the information support system and will be of major importance to the success of the prototype system operation. Variations, in accordance with special agency operations, locations, target-group requirements, and services should be implemented.

Case records must contain all the information necessary to fulfill the needs of caseworkers and supervisors. Clear, well-organized written instructions are necessary, telling a worker what is to be recorded and how to record it.

Though some agencies maintain records on families, rather than individuals, these records do not lend themselves well to careful monitoring of individual progress. Individual records on each person receiving services are recommended with copies of relevant material incorporated into more than one file.

The following types of material should be included in all records:

1. Face sheet. These should include a minimum: case number, name, birth date, sex, race, religion, date entered care, dates of changes in status, present location, custody status, caseworker or team assigned.

2. Legal documents. These usually relate to custody status of the child.

3. History. A complete history should include information regarding the primary problems that are to be the focus of service, from the perspectives of both parents and child. In addition, the child's developmental history should cover physical characteristics and growth patterns, socialization skills and behavior, cognitive and language development. Motor skills development, interaction patterns, school record, and test results and evaluations. Also relevant are characteristics of the natural family, any previous agency contacts and information on foster or adoptive families.

4. Status. The case plan should specifically relate services to alleviation of particular problems, and include:

   a. a description of the nature, duration and intensity of the proposed service.

   b. a description of the presenting problem to establish a baseline against which to measure progress.

   c. a description of family strengths which the agency hopes to build on.

   d. a summary of why the service is thought to be one which will ameliorate the problem.

   e. a description of specific changes expected and goals to be achieved, including clarification of responsibilities of caseworker, child, parents and others involved in case (i.e., foster parents, service providers, or other agencies).

   f. proposed dates of contact between worker, service provider, parents and child.

   g. milestones delineating start and approximate end dates for service segments, dates for reevaluation and expected termination dates.

   h. eligibility determination under Title XX related to income.

6. Progress reports. These reports should be in summary form and related to time-limited objectives of the case plan.

7. Service information. Service information will cover types and frequency of services received, cost, fees charged, and record of payments to foster parents or adoptive parents.

8. Termination and follow-up contacts. This material may be in the same form as progress reports and relates to goals and time-limited objectives of the case plan.

Both confidentiality constraints and legal rules of evidence require that material be objective and factual. Recordings of case histories and progress reports on abuse or neglect cases should be extensive and explicit due to the possibility of court action.

Recordings of the "process" type reflecting worker's impressions should be limited to the relevant, as succinct as possible, and clearly identified as such.

4. IMPLEMENTATION GUIDELINES

A State or local agency can incrementally change its existing social services system by implementing components of this design. This evolutionary approach to change and implementation will permit the agency to retain the satisfactory components of its social services system while it replaces unsatisfactory components with those defined in the design. It also permits the agency to give primary attention to those parts of its social services system most in need of improvement.

The methodology proposed assumes an incremental approach to implementation, in which certain portions of the design may be developed and implemented on a short-term basis, while other portions are developed into a longer range plan for change. This approach emphasizes the importance of establishing a rational planning process and structure, of centralizing management support and coordination of the change effort, and involving agency personnel at all levels in making decisions throughout the change process.

The agency should appoint a coordinator to plan and manage the change process. A number of preplanning activities will be necessary which result in the documentation of an overall step-by-step approach to planning and in the development and implementation of improvements in the agency's activities. Preplanning activities should include:

- Development of a Task Force consisisting of representative top level, mid-level and local administrators, service delivery personnel, and programmatic specialists that will meet regularly to review and advise on all change activities. The early involvement of representatives staff members throughout the process is essential, to help in identifying the agency's problems, and for ensuring their participation and commitment to change.

- Review of the Present System. The Local Child Welfare Services Self-Assessment Manual,[1] this overview, and the System of Social Services for Children and Families Detailed Design[2] may be used as check-lists for this review.

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1 Local Child Welfare Services Self-Assessment Manual, U. S. Children's Bureau, Washington, D.C., 1978.

2 System of Social Services for Children and Their Families: Detailed Design, U. S. Children's Bureau, Washington, D.C. 1978.

- Identify Problems. The Task Force should assist in the identification of the major deficiencies and gaps in the agency's current functioning and in ranking these problems according to their priority in terms of needed change. This activity permits a preliminary estimate of the scope of the change effort that will be required from the perspective of those who actually deliver services. This information is essential in developing an overall approach to the planning and implementation of change.

  Criteria should be developed for prioritizing the identified problems which take into account the severity of the problem (How great an impact does the problem have on different types of clients, staff effectiveness, efficiency, or morale?) and the extent of the problem (Is it limited to a few sites or is it a problem shared by several, many, or all sites?)

- Develop an Overall Approach to Change. Once an agency's major deficiencies are known and priorities have been identified, a documented plan should be prepared.

  Key steps in the overall approach to change would include:

  - top-level commitment to improving service delivery;
  - appointment of a full-time coordinator who reports directly and regularly to the top-level administrator, to manage and coordinate the effort;
  - a willingness to allocate resources to effect needed changes;
  - initiation of policy and administrative directives to notify line staff at each organizational level of changes to be installed;
  - problem analysis for long-range planning;
  - analysis of constraints and implementation options;

- development of an overall approach to agency changes;
- management review and approval of the changes to be made and the overall approach;
- development and implementation of short-term strategies;
- development of long-term implementation strategies;
- development of short and long range workplans;
- top-level concurrences and approval of plans;
- implementation of incremental changes to the system.

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